

**LOW-INCOME WOMEN AND MENTAL HEALTH
CARE: AN EXPLORATORY STUDY OF NON-
GOVERNMENTAL MENTAL HEALTH SERVICES
IN THE WEST COAST / WINELANDS
REGION OF SOUTH AFRICA**



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degree of Master of Arts (Psychology) at the University of
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DECLARATION

I the undersigned hereby declare that the work contained in this thesis is my own original work, and has not previously, in its entirety, or in part, been submitted at any other university for a degree.

ABSTRACT

This study is aimed at exploring mental health services for low-income women in the West Coast / Winelands Region of South Africa. In order to understand the extent to which such services are empowering, the accessibility and theoretical underpinnings of these services are investigated. It was found that although services appear to be available, they are often not very accessible. They also often lack a specific gender focus. In certain instances, services need to increase their accessibility in order to accommodate the restrictive environments of women in this region. As such, it is believed that services require greater integration in their approach to intervention concerning both gender and the origins of mental health problems. Results of this study also highlight areas on which future research could focus. These areas include language of service provision, how organizations understand available theories surrounding service provision, and the service needs of women in this region themselves.

OPSOMMING

Hierdie studie is gemik op die ondersoek van geestesgesondheidsdienste vir vroue van lae-inkomste groepe in die Weskus / wynverbouingstreek van Suid Afrika. Die toeganklikheid en teoretiese ondersteunings van hierdie dienste word ondersoek in 'n poging om die graad waarin dié dienste bemagtigend is, te verstaan. Bevindinge toon dat dienste, albeit beskikbaar voorkom, dikwels nie baie toeganklik is nie. Dienste toon ook meestal 'n gebrekkige fokus ten opsigte van 'n spesifieke geslag. In sekere gevalle behoort die toeganklikheid van dienste verbeter te word in 'n poging om die beperkende omstandighede van vroue in hierdie streek tegemoet te kom. As sulks benodig dienste 'n hoër mate van integrasie in hul benadering tot intervensie, beide wat geslag en die oorsprong van geestesgesondheidsprobleme betref. Bevindinge lig ook areas uit waarop toekomstige navorsing kan fokus. Hierdie areas sluit die volgende in: die taal van diensvoorsiening, hoe organisasies beskikbare teorieë ten opsigte van diensvoorsiening verstaan, en die behoefts van die vroue in hierdie streek self ten opsigte van dienste.

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1. INTRODUCTION

1.1 Women at risk: low income women and mental illness

Psychiatric epidemiology has highlighted a consistent association between high rates of mental disorder in women and low socio-economic status. For instance, Neugebauer, Dohrenwend and Dohrenwend (cited in Belle, 1990) report that psychopathology appears to be at least two and a half times more prevalent in the lowest social class than in the highest. Research has also shown that women who live under financially strained circumstances and who are responsible for young children, are more likely than other women to experience affective symptoms such as depression (Brown, Bhrolchain & Harris, 1975; Desjarlais, Eisenberg, Good & Kleinman, 1995; Pearlin & Johnson, 1977; Radloff, 1975). Much research has been conducted in attempts to understand the factors that put low-income women at risk for the development of mental illness. Identified factors include lack of adequate social support systems, little assistance with child-rearing, employment difficulties, chronic stressful conditions particularly with regard to economic constraints and other uncontrollable life events (Belle, 1982; Brown et al., 1975; Dohrenwend & Dohrenwend, 1974). Problems of a social nature such as disproportionate exposure to crime and violence (Belle, 1982), the illness and death of children (Patel, 1993; Reconstruction and Development Programme Report, 1996), the imprisonment of partners (Brown et al., 1975), and discrimination (Desjarlais et al., 1995), may be seen as contributory factors to a higher vulnerability for the incidence of mental disorder.

South African psychiatrists have also explored the correlation between race, gender, income and mental health, with the emphasis on the correlation between race and mental health. In this regard, strong links between Apartheid and the mental health problems experienced in communities of colour have been promulgated. Explanatory theories suggest that both poverty, as well as the social engineering of Apartheid have caused humiliation to South African people of colour, and have ultimately resulted in emotional stress (Gobodo, 1988; Mayeya, 1994). This has been compounded

by factors such as the breakdown of cultural, familial and social support systems, high crime rates, unrest, and violence (O'Donoghue, 1989; Spangenberg & Pieterse, 1995). Research focusing on the mental health of women of colour in South Africa has been limited (Swartz, 1999).

Nonetheless, the relationship between stressful life events and the poor mental health of these women *has* been confirmed by some studies such as that of Spangenberg and Pieterse, (1995). Research conducted by Chissell and Moodley (1991) identifies the range of problems that may be encountered by low-income women of colour in South Africa. They name depression, anxiety, substance abuse, and problems related to sexual functioning. At support centres such as the NICRO Women's Support Centre a high incidence of severe depression, anxiety, suicidal ideation and Post-traumatic Stress Disorder (PTSD) are reported. Unconventional coping mechanisms may well explain reports of increased usage of self-medication such as alcohol abuse amongst women visiting the above-mentioned centre (Keen & Silove, 1996).

One can assert then that the link between women of low-income and poor mental health is clearly suggested within international and South African literature. Theoretical explanations for the association between poverty and mental health problems as experienced by women suggest that this may be due to the unequal distribution of power. Consequently, women do not experience a sense of entitlement in relation to their needs (Miller, 1976). This is supported within the South African context by authors such as Dlamini and Julia (1993), O'Donoghue (1989), and UNICEF (1993), who describe South African society as predominantly patriarchal and oppressive in nature. In essence, this means that women are still being denied and deprived of effective mechanisms with which to cope in frustrating, tense, or stressful situations which remain. In addition, the effect of previous gender-blind policies make it difficult for women to alter their current circumstances (Dlamini & Julia, 1993).

Although Apartheid legally ended in 1994, its structural and economic effects still remain. By the end of 1997, 156 out of every 1000 women of colour

between the ages of 20 and 24 were unemployed, as opposed to 53 out of every 1000 white women (Statistics South Africa, 1998). Apart from the well-known fact that unemployment leads to feelings of disempowerment, Spangenberg and Pieterse (1995) found a significant negative correlation between the degree of psychological stress and monthly family income. Their results serve to underline the association between low income and a higher incidence of psychological distress (see also UNICEF, 1993).

Poverty, in turn, results in sub-standard housing. Overcrowding and poor housing conditions impact on the family's physical and mental health (Goosen, 1997; Naidoo, 1997). In addition, women often rely on a working male in the household to secure housing despite current labor laws. If this male member of the household should die, be unable to work, or be dismissed, the woman is often automatically evicted from her home.

This context of impoverished and powerless women is compounded by South Africa's violent history which has climaxed in the closing years of this century. Low-income women of colour have been severely affected by violence (Lessing, 1994). Physical and emotional abuse against women is becoming more widespread. In 1990, the annual incidence rates of violence against women from different races in South Africa gave the following representations: Black - 3 546 per 100 000; Colored and Asian - 2 169 per 100 000; and White - 313 per 100 000 (Steenkamp & Sidzumo, 1996; see also Strydom, van der Spuy, Abrahams & Peden, 1994). From this it can be deduced that the risk of violence is markedly higher for low-income women of colour. Steenkamp and Sidzumo (1996, p.7) state that "most women who were victims of violence were disadvantaged as they were young, and either unemployed or occupying low-income jobs". Research further shows that between sixty and eighty percent, or more, of people exposed to violent situations suffer from PTSD (Stavrou, 1994).

Illiteracy, as a recursive factor linked to poverty, is as high as eighty percent in South Africa's rural areas (Sanders, Nash & Hoffman, 1994). There is striking evidence to support the notion that a woman's level of education is one of the

most significant factors affecting her own health, and that of her family's (Lessing, 1994). Very few rural women have ever been to school, or have remained in school long enough to obtain an education, which would enable them to play a meaningful role within familial, occupational and social environments.

Due to a lack of knowledge of sexuality and contraception, coupled with low self-image, and little sense of control over either their current circumstances or their future, low-income women are often burdened with unwanted pregnancies (UNICEF, 1993). The consequences thereof are manifested in unemployment, limited opportunity, poverty and feelings of being trapped in unwanted roles of motherhood (Danilewitz & Skuy, 1990; UNICEF, 1993). Mothers who are employed face inadequate and often unavailable maternity benefits and day-care facilities (Naidoo, 1997; Sanders et al., 1994).

From the above, it is clear that poverty, violence and limited education relegate personal health to a secondary position in women's lives (Naidoo, 1997) in addition to rendering them vulnerable to further poverty and abuse. As such, it is evident that services required by these women should include those that address issues such as depression, anxiety, substance abuse, and PTSD as a result of violence. These issues should be addressed in ways that take into account gender differences as well as discrimination within the society and inherent in existing services.

1.2 Mental health services for low-income women: recommendations from the literature

Revision of the literature on low-income women in South Africa affords the perspective that the provision of mental health services to these women should be a national priority. Given that international recognition has been accorded to the fact that low-income women of colour are at higher risk for poor mental health, much attention has been given to the development and provision of adequate, efficient and effective mental health services outside of South Africa.

According to theoretical experts on service provision, one of the central requirements of any policy or program aimed at low-income women is that it be empowering. Gutierrez (1991) defines empowerment as the means by which the individual's personal, interpersonal, or political power is increased, in order to allow them to personally take action to improve their own life.

Experts argue that for policies and programs to be empowering, they should be developed in consultation with the women whom such programs will be implemented and staffed by. Of particular importance is the idea that communities should assume responsibility in the area of health and should cease to remain passive recipients of health care delivered by some remote provider (Uznanski, 1995). As such, prospective staff and clients should be involved at all stages of planning, implementation and management. Desjerlais et al. (1995) suggest that this mutual and co-operative decision-making process could maximize the possibility that services provided will adapt well to established local settings thereby increasing utilisation and acceptability.

According to Comas-Diaz (1987) the concept of empowerment for ethnic minority women needs to be sensitive to:

- (1) the oppressive effects of sexism and racism,
- (2) the negative feelings resulting from experiences associated with their minority group status,
- (3) their multi-faceted identities as women of colour and low-income,
- (4) the challenges posed by cultural differences, and
- (5) the relationship between social, political and economic factors, as well as to personal problems.

Regarding the challenges posed by cultural differences, Gibson (1983, cited in Sieber & Cairns, 1991) suggests that it is important for counsellors to acknowledge the positive aspects of a woman's ethnic membership and to encourage transculturation rather than assimilation, as the latter necessitates the rejection of cultural values. In a similar vein, Naidoo (1985, as cited in

Sieber & Cairns, 1991) and McGoldrick, Garcia-Preto, Hines and Lee (1989) suggest that those values and attitudes perceived as critical for cultural identity should be retained and fostered. Bearing this in mind, it is proposed that mental health services and the interventions they provide should acknowledge and incorporate these cultural aspects.

Feminist theory has been particularly vociferous in highlighting the relationship between social, political, economic and cultural ideologies, and the feelings of isolation experienced by women. This isolation often results in personal suffering due to the perceptions of problems as being unique and a reflection on personal inadequacies. The notion of shared hardship amongst women is thereby disallowed and unconventional coping strategies are instead labelled as pathology. In support of this Greenspan (1983, p.162, cited in Angless, 1990, p.47) states that feminist theory “examines how outer becomes inner; how social values and structures become embedded in the individual female psyche”. Feminist theory thus encourages women to explore other avenues that may provide growth and support, over and above therapy.

Landman (1992) goes a step further by examining the role of social support systems. She believes that traditional social support systems of women of colour have been depleted, culminating in experiences of social isolation and the perception of problems as unique. The resultant loneliness and vulnerability may, it is suggested, be combated through group work that could provide reliable feedback to validate experiences. In so doing, coping strategies that address the problems of daily life and increase the rate of positive adjustment may be facilitated. Butler (1985) states that the experience of interacting within a uniquely female context begins the empowering process for women – by neutralising their feelings of isolation, dependency and inadequacy.

The provision of an adequate referral system is an essential component of empowering mental health care. New approaches require that programs utilise all existing resources embedded within the health structure and the community. This implies that the development of mental health services

should be concomitant with other health and social policies (Uznaski, 1995). Thus, in order to provide a comprehensive mental health service system, co-operative planning between different sectors is necessary. With the focus on prevention and the promotion of mental health, the departments of health, welfare, education and labour should embark on taking a co-operative stance toward areas of mental care that have previously been neglected (Rispel & Goosen, 1996). Proper co-ordination of services should take a holistic approach, with all areas of health care being addressed at the same place. This need was highlighted by women participating in a recent mental health workshop (De la Rey & Eagle, 1997). In addition to other reasons for accepting this approach, practical aspects such as limited resources, inadequate public transport and economic factors should be taken into account.

The effects of social marginalisation in South Africa, despite the new constitution, must be contemplated. One should ask whether current strategies merely focus on helping women accept or cope with existing conditions, or whether they encourage ways of actively changing conditions? De la Rey and Eagle (1997) argue that new designs in policy should tackle structural and ideological barriers, social and personal constructs, client and healer attitudes, as well as the interrelationships between these constructs.

An end goal that sees the improvement of mental health in general requires change within the greater social setting, as well as with health policy. Difficulties that have arisen in the attainment of a constructive gender-oriented health policy may be attributed to the fact that feminists have tried to enter a debate which was already constructed in masculine terms (Watson, 1995, cited in De la Rey & Eagle, 1997). Undoubtedly, this may be applied to South African debates on health policy, where the legacy of apartheid combined with a history of patriarchy pose dramatic challenges. Gendered patterns of mental illness serve to complicate this picture even further. Particularly within the parameters of mental health discussion, analysis of any community often stops short of acknowledging the existing power relations of gender. Mental health cannot be dealt with adequately unless it forms part of a broader

strategy aimed at amending the gendered power distinction within society as a whole. Broad agreement regarding the fact that mental health services should be an integral facet of primary health services which are accessible, user-friendly, affordable and appropriate, stops short of delineating the precise nature, type and content of these services. It is clear that much development is needed in this area, particularly insofar as women are concerned (De la Rey & Eagle, 1997).

Theoretically speaking, there are currently three dominant approaches to gender in health care policy within South Africa. First there is the gender blind approach, in which gender is completely ignored as a source of discrimination. There is no recognition that within any social category there is a gender difference in lived experiences. Health policies should adopt a broad conceptualisation of health by taking account of the evidence that troubling interrelationships exist between sexism, racism, poverty and general health status (De la Rey & Eagle, 1997). Secondly, the add-on approach supports the false notion that some sectors exist outside the impact of gender oppression. A good example is the category 'youth' - they are all given the same attention as if they are an engendered social category. Frazer and Lacey (1993, cited in De la Rey & Eagle, 1997) argue that any type of politics which fails to adopt an integrative approach to gender, runs the risk of glorifying the role of women in their separate sphere. The third approach is the women and children approach: every time the category 'women' is mentioned, it is linked to the health of children. Women's mental health needs are seen narrowly in terms of their role within families as mothers. The mental health needs of women should be regarded as important in their own right, not only in relation to the traditional role of women as child-bearers and care-givers (De la Rey & Eagle, 1997).

In taking the previously mentioned literature into account, the possibility of a fourth model exists where problem interpretation includes an understanding of social-cultural and psychosocial environments, and varying racial groups. In so doing, a helping relationship that takes clients seriously, respects the self-determination of the health care user, and acknowledges the expertise of

experience, is established. Facilitatory methods which include self-help groups, group work, therapists with the same background, as well as holistic approaches that consider body and mind, the individual and society, and personal thoughts and feelings are proposed. Finally, a political attitude that caters for the self-determination of women and other minorities in both society and health care, and in which the therapeutic relationship is seen as a microcosmos, is advocated (see for example De la Rey & Eagle, 1997; Hartveld & Meinster, date unknown; Van Mens-Verhulst, 1998; Van Mens-Verhulst, Bernardez, Goudswaard, Jacobs, Steketee, Williams & Watson, 1999).

1.3 Mental health care for low-income women in South Africa: limitations and problems

There is a paucity of literature about existing mental health care services available to women in South Africa (Sanders et al., 1994). The literature that does exist is often outdated (Chawala, 1987; Chissel & Moodley, 1991; Dlamini & Julia, 1993; Du Toit, 1991; Freeman 1989). Although mental health services are provided through health and welfare structures, in the educational sector, industry, correctional institutions, the armed forces, through religious organisations and other less formal mental health workers, very little is known about the quality of care provided. What does exist for population groups of low-income is almost exclusively custodial care for the mentally ill, and the mentally retarded (Freeman, 1992). For the remainder, there is almost no care available at all. Most first contact caregivers in the health sector at general health points are not skilled in the diagnosis or treatment most, of which present in a somatic form (Centre for the Study of Health Policy, 1990).

Although it is clear that mental health care forms an essential part of a comprehensive health care system, in South Africa, this provision has been considerably neglected (Rispel & Goosen, 1996). The four major barriers, which contribute to the limited provision of adequate mental health care in South Africa, have been delineated by Freeman (1989) as the centralisation

and concentration of services, overloaded health care personnel, limitations in legislation, and the stigmatisation of mental health needs. Moreover, community care remains a neglected facet of mental health care (Freeman, 1989), while the under-representation of culturally diverse clients in mental health services is not unusual. This may be attributed to the fact that most psychologists are white, middle-class and English- or Afrikaans-speaking, and factors related to communication styles (Kriegler, 1993). The central importance of language issues in the client-therapist relationship has to be stressed. In the same way, language may impede treatment in respect of unclear communication on the part of the therapist to the client (Kriegler, 1993; Lund, 1987; Thomas, 1994; Reconstruction and Development Programme Report, 1996).

The current government has inherited a public health care system that is hampered by serious problems. During the 1980's, health financing, education and social welfare programs stressed a limited state role in direct provision and financing, with responsibility being delegated to the private sector and the individual. This emphasis on the role of the consumer market as the primary mechanism for meeting mental health needs, meant that social welfare provision was perceived only as a temporary agency geared to tide individuals over crisis periods. Governmental shirking has made mental health care an unmarketable commodity, and lack of structure forgoes permanent resolution in favour of temporary alleviation. Present budget cuts, reduction of staff posts (and therefore a high ratio of clients per caregiver), and the dissatisfaction and overloading of health workers have resulted in ineffective administration, fragmentation and confusion – and ultimately the virtual collapse of an already shaky system (Brijal & Gilson, 1997). In certain communities, services are duplicated, while in others they are non-existent (Du Toit, 1991). Rural areas have to rely on mobile clinics that offer a limited range of services within a six-weekly time period; while some rural hospitals are not even equipped with the services of a doctor. Currently, in the West Coast / Winelands Region (WCWR), there are 40 clinics, 38 satellite clinics, 38 mobile services, 6 district hospitals, and 16 district surgeons (the latter all working on a part-time basis) (S de Villiers, personal communication, 1998)

serving approximately 58 8143 people (Central statistical Services, 1997). Recent reviews of the public health sector capacity needs suggest that 'there seems to be no real scarcity of money. The problem is assessing these funds bureaucratically, to develop proposals with budgets to acquire funds and to have people who can implement these proposals' (Human & Strachan, 1996, quoted in Brijal & Gilson, 1997, p.31). With this in mind, it seems reasonable to propose that these problems would be best resolved by amending procedures and management systems, rather than by increasing financial resources.

Financial considerations appear to be a major barrier to health care, as reported by 73,8 percent of Blacks and 49 percent of Coloureds in Hirschowitz and Orkin's (1995) study. Although public medical services available to South Africans now take earnings and medical aid facilities into account, little development of this nature can be observed within the parameters of mental health service provision, particularly for low-income groups. Accessibility to these services for the public thus remains economically problematic, particularly for rural women who do not enjoy the benefits of a medical aid scheme (Reconstruction and Development Programme Report, 1996). In addition, 73,8 percent of the respondents of the above-mentioned study reported having to wait one hour or more to see a health provider, with 48,2 percent having to wait more than two hours, and 17,7 percent waiting for up to four to five hours. In the western Cape, 51 percent of the respondents waited for four hours or more. Consultations with health providers that customarily last five minutes or less were reported by 50 percent of the respondents. Respondents who participated in the study felt that the introduction of community health workers would improve this situation (Hirschowitz & Orkin, 1995). In another recent study of services, female participants expressed dissatisfaction regarding the inadequacy of available services (Dangor, Hoff & Scott, 1996), once again highlighting the shortcomings thereof.

Men largely control the health care system in South Africa, although women make up the greatest proportion of users. Ironically, women are seldom consulted about what they require or need from health services – and their

wellbeing is often considered to be secondary to that of other family members. Incidences of discrimination within health services are still being reported. Women interviewed by Rispel and Goosen (1996), repeatedly spoke of being shouted at and of experiencing rudeness and impatience at the hands of stressed and overworked health care staff members. It is obvious that health care workers are not trained to be sensitive to the needs of women, or even to respect patients. To compound matters, service provision is characterised by the fact that clients are offered minimal options, services are seldom provided when needed and many complaints are ignored, while thorough check-ups are not always done when necessary (Cooper, Mnguni & Harrison, 1995). Miller (1991, cited in Rogers, 1992) suggests that chronic patients' repeated use of primary health care may well be an expression of their frustration at not being heard, at having their illness experience not being taken seriously, and at not received sympathetic treatment.

Most of the models of mental health currently in usage under the umbrella of the South African public health services are based on Western ideologies that disallow cultural diversity (Foster & Swartz, 1997). As such, services may not be equipped to recognise specific problems arising from cultural differences. Mental health problems that are manifested in somatic ways may well be misdiagnosed (Chissell & Moodley, 1991; Chwala, 1987; Gobodo, 1988; Harrison, 1994; O'Donoghue, 1989; Stavrou, 1994; Swartz, 1996). The predominant biomedical perspective adhered to by these models also means that treatment often merely addresses symptoms through medication, without examining underlying causes (De La Rey & Eagle, 1997).

In this literature review it has been showed that low-income women of colour are a high-risk group with regard to mental health. Literature concerned with mental health services for low-income women repeatedly focus on the central importance of empowerment in successful mental health interventions. It is also suggested that services are empowering if they are culture-specific, gender-sensitive, holistic, and accessible and if they take contextual factors into account when addressing individual problems. The literature concerned with mental health services in South Africa present a rather bleak picture with

regards to the availability and accessibility of services. It is against this background that the aims of the current study have been developed.

1.4 Goals of the current study

The primary aim of the current study is to provide a comprehensive overview of mental health services available to low-income women of the WC/MR of South Africa. As a situational survey the study aims at *describing* services with regards to the following:

- Kinds of issues addressed by available services
- Support strategies utilised by available services
- Accessibility of available services
- Sensitivity to the importance of empowerment
- Sensitivity to the importance of gender
- Approaches to mental disorders and substance use disorders.

It was hoped that such a description of services would highlight possible shortcomings and limitations in the availability of mental health support to low-income women. It was also hoped that such a descriptive overview would generate further and more specific research questions with regard to service provision.

While an academic discussion of results are provided in the current paper, the results of this study are also presented in the format of a comprehensive resource directory. The publication of a resource directory may be used by service users to find appropriate support and by service providers to make appropriate referrals. As such, the directory has been formatted to be as user friendly as possible. This is done by providing information regarding location, operating hours, possible requirements for access, the issues focused on by organisations and the support strategies they utilise. It is further hoped that such a directory will in a very practical way begin to address the problems with fragmentation and duplication of services by facilitating co-operation and co-ordination.

2. METHODOLOGY

2.1 Research design

The primary aim of the study is to obtain a comprehensive overview of the primary mental health services available to women of low income in the WC / WR of South Africa. A secondary aim is that the study will facilitate utilisation of primary mental health care systems for low-income women in the WC / WR. In this instance, the existing research and literature is severely limited, and it is therefore advisable to begin with a situation analysis (Katzenellenbogen, Joubert, & Karim, 1997). According to Hartshorne, Carstens, Louw, Barrie, and Jordaan (1995), "[i]n essence the situation analysis is stock-taking of the present situation and recent past trends to facilitate identification of problems, constraints and opportunities, the needs to be met in order of priority, the objective to be met, and to direct efforts towards appropriate strategies to improve [mental] health." (p.91).

2.2 Identification of participating organisations

Being a situation analysis, the project aims to look at all possible service providers of primary mental health care to women of low-income in the WC / WR. Consequently, it was decided that no sampling would be done, but that an attempt would be made to contact all service providers in the area. As such, the unit of research was entire organisations, and not individuals. A list of participating organisations was established in the following way:

- 1) Existing directories of organisations such as Med-Pages, Directory for Organisations (Young Women's Network, 1995), South African Women's Health Book (Goosen & Klugman, 1996), The Help Directory (Bassett & Barton, 1991), and Women's Organisations in South Africa (PRODDER, 1995), were used to compile a comprehensive list of organisations operating in the western Cape. Consulting expert individuals also expanded this comprehensive list. Of importance is the fact that these existing directories focus mainly on the Cape Town metropol area, or only

on specific issues, such as AIDS, and are mainly aimed at professionals.

2) Once the initial list had been established, organisations were contacted. A description of the study was given to a representative of each organisation, who in turn gave a description of the services they provide. Organisations were then assessed for suitability for inclusion in the study using the following criteria:

- Type of services: Organisations were included in the study if they provide interventions such as therapy, support groups, legal or financial aid (see Appendix B, p.50)
- Area of service provision: Organisations were included if they provide services in the WC/WR. Some organisations from the Cape Town metropol area have however been included in the list. This has been done when an organisation has a working base in Cape Town itself as well as satellite branches or volunteers that service the WC / WR. Organisations in Cape Town that are willing to send volunteers out to service users, or pay the transport fees of service users who would be prepared to travel to Cape Town were also included.
- Target group: Organisations were included if they provide services to women of low-income.

The following organisations were excluded:

- Government services. With the emphasis being on the maximisation of resources at community level, it makes sense to provide users with details of little known and unexplored resources. As has already been stated in the literature, these services form a vital component of mental health care. A situation analysis of these services provides a potential platform for the establishment of a complementary system that could address the fragmentary nature of mental health care in South

Africa. Given that the history of mental health services has focused responsibility within the private sector, it is suggested that non-governmental services may well prove to be fairly well established. As such, their capacity should be fully explored, so as to make their value known and of use to women of low-income.

- Organisations that are purely research orientated, or
- Organisations that no longer exist.

During the same telephonic interviews, inquiries were made about organisations that may have been omitted. In doing so, more organisations were added to the list. Notes have been kept regarding all contacts, and why certain organisations have been excluded from the list (see Appendix E, p. 67). In total, 175 organisations were contacted, and 77 organisations were asked to participate.

2.3 Procedures

Once an organisation was selected for inclusion in the study, a questionnaire was faxed, hand delivered, or posted to the contact person depending on their preference. It was decided to administer the questionnaires in this manner due to 1) the need to gather data as quickly as possible and 2) the geographical position of several of the organisations. The urgency for data collection was due to the fact that the nature of information required for a resource directory change frequently, and thus the creation of a comprehensive database should occur in a limited time frame. In terms of geographical reasons, the WC / WR is approximately 400 square kilometres in size, and is situated along the west coast of South Africa, in the form of a long, narrow strip. The bulk of the region is rural. Consequently, in an area of 400 square km, for financial and time reasons it would not have been viable to conduct face-to-face interviews.

After completion of the questionnaire, it was returned to the researcher by

means of fax, hand delivery, or post. Organisations, who failed to return completed questionnaires by the stipulated deadline, were re-faxed with follow-up letters and a repeat of the questionnaire. This was repeated as many times as deemed possible before February 1999. Organisations that did not respond and who left out sections of the questionnaire were again contacted by telephone. In the end, the 77 organisations that were asked to participate, 27 had to be excluded from the study, because the full questionnaire was never completed (see Appendix D, p.64).

As many as possible of the organisations that did not respond were contacted to establish reasons for not responding. The most pervasive reason that emerged, is that the organisations, after having seen the questionnaire, believed that they did not fall within the scope of the study. At least one organisation also indicated that staff shortages and time pressure made it impossible to respond to the questionnaire. This might have been the case with more organisations.

In September 1999 all 50 organisations that could be included in the study were once again contacted in order to establish whether all information regarding services provided and accessibility was still correct.

It is important to mention that many more organisations were included in the directory than in the actual study, making the directory much more comprehensive than the study. Firstly, the directory includes government organisations. Secondly, non-government services were included if they fulfilled the inclusion criteria, but were excluded from the study due to the fact that they did not fall within the WC/WR. Thirdly, organisations that did not complete the questionnaire adequately were also included in the directory, even if they could not be included in the study due this lack of information.

2.4 Measuring instruments

A structured questionnaire was designed (see appendix B, p.50) by consulting the relevant literature (see for example De la Rey & Eagle, 1997; Moeller, 1998; Uznanski, 1995; Rispel & Goosen, 1996; Waldman, 1996) and experts in the field. The format of the questionnaire is such that it includes both yes / no answers, and qualitative responses. The yes / no questions are quicker to complete and thereby encourage completion of the questionnaire. Space has also been provided for individual commentary below each section, allowing for elaboration and additional information, so as not to limit an organisation's feedback. The questionnaire consists of 5 sections, namely demographic information, type of services offered, target population, focus issues, and access to services.

In the first section of the questionnaire, organisations are asked to give some basic demographic information such as their physical address and phone numbers. This information is aimed specifically at the creation of the directory, and a database documenting services and resources in the WC / WR.

Section A focuses on the type of services offered. Organisations are first asked whether they are feminist and / or aim at women. They are then asked to indicate which interventions and support strategies they offer. Strategies such as therapy, support groups, legal and financial aid are included in the list. Section B establishes the service provider's target population, by inquiring about age, gender and socio-economic class. In section C, organisations are asked which issues they focus on. The list of options (C1) was created by consulting available literature such as that of Belle (1990), Desjarlais et al. (1995), and Moeller (1998). Issues such as abuse, substance abuse and emotional distress were included. The fourth section (D) of the questionnaire is concerned with access to services, and therefore include issues such as service fee, branches of the organisations and available transport to them.

The questionnaire was accompanied by a covering letter explaining the study, the questionnaire and the anticipated use of the information provided. Detailed instructions regarding the completion of the questionnaire were also provided.

2.5 Data analysis

As this is a descriptive study, SPSS was used to generate descriptive statistics.

3. RESULTS AND DISCUSSION

In this section, the most prominent results of the study will be summarised in table form. Each table will be discussed in detail. The first three tables give a general overview of the services available by highlighting the issues addressed by services, the intervention strategies they utilise, and the accessibility of services provided. The analysis of the results is then taken further by exploring factors which may indicate the possibility of empowerment of service users by these organisations. As the focus on gender is a central component to this study, service provision is then explored with regard to this. Finally, the focus is on central issues (as highlighted by the literature) with regard to women's mental health (that is, depression, anxiety, substance use disorders and abuse), and how they are focused on by the different organisations.

It is important at this point to highlight certain demographic variables that are of importance in this study. In the Western Cape there are approximately 4 117 000 people of which 2 135 000 are women (Central Statistical Services, 1997). Furthermore, approximately 74,7 percent of all people in the western Cape, are people of colour, and of this, 75,2 percent of women of colour are economically active (Central Statistical Services, 1995). Sunde and Kleinbooi (1999) indicate that there are 49 319 women working on farms in the western Cape. Finally, Moeller (1998) believes that the bulk of women in the West Coast / Winelands region are women of low-income. One also needs to stress that the WC/WR is one of six regions in the western Cape. All but one of these regions (the Cape Peninsula) can be considered rural.

Despite these figures one has to say that there are no accurate and recent demographic statistics available concerning the WC/WR (or any other smaller

regions for that matter). This makes the assessment of services per capita in this study difficult, if not impossible. Furthermore, it has negative implications for the future planning of services within this region. Clearly, this will have to be addressed before any decisive conclusions can be made, or any future planning of services can be undertaken.

3.1 Basic overview

Table 1: Issues that are addressed by available services

Issues	Yes		No	
	Frequency	Percentage	Frequency	Percentage
Empowerment	38	76 %	12	24 %
Abuse	20	40 %	30	60 %
Financial issues	19	38 %	31	62 %
Substance abuse	17	34 %	33	66 %
Medical issues	17	34 %	33	66 %
Child and parenting issues	16	32 %	34	68 %
Anxiety and mood disorders	16	32 %	34	68 %
Marital issues	15	30 %	35	70 %
Legal issues	15	30 %	35	70 %
Employment issues	13	26 %	37	74 %
Housing assistance	11	22 %	39	78 %
HIV / AIDS	10	20 %	40	80 %
Pregnancy issues	9	18 %	41	82 %
Health issues (including eating disorders)	7	14 %	43	86 %
Termination of pregnancy	6	12 %	44	88 %
Psychotic disorders	3	6 %	47	94 %
Other issues	3	6 %	47	94 %
PTSD	2	4 %	48	96 %

Table 1 (continued)

Terminal illness	2	4 %	48	94 %
Disaster relief	1	2 %	49	98 %
Conflict resolution	1	2 %	49	98 %
Sexuality issues	1	2 %	49	98 %

N = 50

It seems that while almost all kinds of services are actually available, some issues are certainly addressed more frequently than others. A majority of the organisations (76 percent) indicated that they address issues of empowerment. Assistance offered to low-income women needs to be empowering, in order to ensure its long-term effectiveness (Angless, 1990; Dangor et al., 1996; De la Rey & Parekh, 1996; Espin, 1994; Gutierrez, 1991). Given that empowerment has been identified as of central importance in mental health services for low-income women, this is very important. At the very least, this finding means that organisations generally see empowerment as an important focus point. However, even if organisations generally agree that the empowerment of women is an important aspect of their service provision, this does not necessarily mean that they *are* in fact empowering. This is a question that will have to be further explored through assessing factors such as accessibility.

Many organisations also indicate that they focus on issues concerning abuse (40 percent), substance abuse (34 percent), and anxiety and mood disorders (32 percent), as well as financial issues (38 percent), medical issues (34 percent), marital issues (30 percent), legal issues (30 percent), parent-child issues (32 percent), and employment issues (26 percent). It seems then that there are organisations that focus on anxiety and mood, and substance use disorders, but there are also a number of organisations that focus on what is identified as the main causes of such disorders. This is very important as it does suggest that service organisations are able to contextualise problems: the focus is not simply on individual pathology, but also on how such problems originate in the social context. In order to determine to what extent these organisations make this connection, it is necessary to assess the extent that

these organisations focusing on mental health and substance use disorders also focus on the relevant contextual issues.

Table 1 also indicates that relatively little attention is given to some issues that are of pertinent importance in the mental health care of low-income women. A number of these have to do with motherhood and sexuality, such as pregnancy issues (18 percent), termination of pregnancy (12 percent), sexuality issues (2 percent), and HIV/AIDS (20 percent). As these issues have been emphasised as central in the psychology of women, it is worrying that relatively few organisations focus on them. Also interesting is the fact that only 2 of the 50 organisations indicated that they focus on trauma, one of which only focuses on children. This may suggest that despite the fact that many organisations are concerned with and focus on the abuse of women, these organisations tend to not work within a trauma-framework. This, in turn, may indicate that organisations that do focus on abuse, do focus on the societal aspect of abuse, but do not focus on how individual women are traumatised by abuse.

Table 2: Support and intervention strategies utilised by the available services

Intervention Strategies	Yes		No	
	Frequency	Percentage	Frequency	Percentage
Workshops	27	54 %	23	46 %
Referrals	27	54 %	23	46 %
Discussion groups	24	48 %	26	52 %
Support groups	24	48 %	26	52 %
Individual therapy	20	40 %	30	60 %
Crisis intervention	20	40 %	30	60 %
Awareness campaigns	20	40 %	30	60 %
Group counselling	18	36 %	32	64 %
Seminars	12	24 %	38	76 %
Education groups	12	24 %	38	76 %
Medical assistance	10	20 %	40	80 %

Table 2 (Continued)

Legal assistance	10	20 %	40	80 %
Shelters	6	12 %	44	88 %

N = 50

In Table 2 an overview of the types of services provided is given. It seems clear that most types of interventions are available, but that there seems to be an emphasis on psychoeducational interventions, with more than half of the organisations indicating that they make use of workshops (54 percent). Discussion groups (48 percent) and support groups (48 percent) are also used by almost half of the organisations. The literature suggests that both psychoeducational groups and groups in which women are allowed to share their experiences are empowering as such groups neutralise feelings of isolation, dependency and inadequacy (Butler, 1985). It will be important to establish whether organisations focusing on key issues (for example, depression, anxiety, trauma, substance use disorders) do make use of such empowering support strategies. As an adequate referral system is seen as an essential component of primary mental health care it also seems important that a majority of organisations indicated that they do referrals. The fact that quite a few organisations (20 percent) provide women with legal assistance and/or medical assistance suggests that at least some organisations are able to look at mental health in more holistic ways, providing different kinds of services to women who are psychologically distressed.

Table 2 also raises certain concerns. For instance, given that the survey includes only organisations that state that they provide mental health care, it is interesting that 40 percent or less of the organisations indicated that they provide women with individual therapy or group therapy. This suggests that most of the organisations do not make provision for more in-depth individual or group work. It is also of concern that only 12 percent of organisations indicated that they could provide women with shelter. The literature strongly suggests the necessity of shelters: not only are they crucial to keeping women safe, but they are also seen as an exceptionally empowering support strategy through which cycles of abuse are broken (Angless, 1990; De Waal, 1994; Hansson, 1991).

Table 3: Accessibility of services

Access	Missing data	Yes		No	
		Frequency	Percentage	Frequency	Percentage
Train non-professional workers	2	36	72 %	12	24 %
Appointment required	2	26	52 %	22	44 %
Offer home visits	2	25	50 %	23	46 %
Waiting period	6	19	38 %	25	50 %
Services fee	4	17	34 %	29	58 %
Service fee options	5	10	20 %	35	70 %
Referral required	2	5	10 %	43	86 %
Have a crisis line	3	6	12 %	41	82 %
N = 50					

It was stated above that often the problem with mental health services is not that they are not available, but that they are not accessible to those who need them most. It has been shown (in previous sections) that low-income women are one of the groups most at risk for mental health disorders in South Africa. They need mental health support that is immediate, flexible, affordable and close. Only services that fulfil these requirements can therefore be regarded as truly empowering. Table 3 (p.24) indicates that it is fairly difficult for women to get immediate help. Only 12 percent of organisations indicated that they have a crisis line and 52 percent of organisations require women to make an appointment to get services, whilst 38 percent of the organisations indicated that there is a waiting period for services (usually of approximately 2-3 weeks). While it is important to establish the focus of organisations that do require appointments, it is disconcerting that women who usually work in very inflexible jobs do not have walk-in services available. Cost of care has been identified as one of the most important barriers to services (Hirschowitz &

Orkin, 1995). Table 3 suggests that the majority of organisations (58 percent) provide free services and that of those 17 organisations that do charge a service fee, ten have options available for low income women. It is surprising and heartening, however, that half of the organisations indicated that they are willing to do home visits.

The overview of services provided in Table 1 (p.20), Table 2 (p.22) and Table 3 (p.24) suggest that organisations identifying themselves as providers of mental health support, deal with a wide variety of issues, they use a number of different and empowering strategies and that, broadly speaking, one can describe them as accessible. However, a closer look at the data is necessary to determine what kind of help/support is available for specific problems

3.2 Empowerment

As can be seen in Table 1 (p.20) many organisations (76 percent) state that they aim to empower their service users. It would be important to assess to what extent they can indeed be considered to be empowering. According to the literature, empowerment can be defined as, 'increasing an individual's personal, interpersonal, or political power in order to allow them to take action to improve their own life' (Gutierrez, 1991). This implies that people should be enabled to assume responsibility for their health and lives, as opposed to merely being passive recipients of care (Uznanski, 1995). Furthermore, Hartveld and Meinster (date unknown) believe that such empowerment can only begin to develop in enabling environments where one is able to ask for help. As such, Hartveld and Meinster (date unknown) believe that care facilities should be accessible, diverse and flexible. Additionally, access may contribute to or detract from the level of frustration experienced by women, and is seen to be part of the process of taking control of one's life, and the improvement thereof (Cooper, Mnguni & Harrison, 1995). Therefore, if one is to assess the extent to which organisations are actually empowering, one would need to explore how accessible organisations are that claim to focus on empowerment. Table 4 (p.26) attempts to ascertain whether organisations aiming to empower their service users are indeed accessible.

Table 4: Accessibility of services that aim to empower service users

Access	Yes		No		N/A	
	F	%	F	%	F	%
Appointment	23	60.5%	14	36.8%	1	2.6%
Home visits	23	60.5%	15	39.5%	-	-
Service fee	14	36.8%	24	63.2%	-	-
Waiting period	15	39.5%	21	55.3%	2	5.3%
Service fee options	7	18.4%	4	10.5%	27	71%
Crisis line	5	13.2%	25	65.8%	8	21.1%
Referral	3	7.9%	35	92.1%	-	-
Empowerment N=38 (76% of Total N)						

Referrals and service fees, as well as distance from services, do not appear to form barriers with regard to the accessibility of services, considering that 60.5 percent of the organisations offer home visits. Results from the study, as indicated in the table above, do however appear to show that services are perhaps not available when they are most needed. This is illustrated by the fact that 60.5 percent require appointments to be made, 39.5 percent have waiting periods and only 13.2 percent have crisis lines. The implication of delayed services is that the needs of these women are being put on hold and thereby placed in a secondary position (Landman, 1992; Naidoo, 1997). One could assume that these results are also important insofar as the fact that women of low-income may be experiencing their lives in the here-and-now, and as a result of not having their needs addressed sooner, may in fact forfeit help that can only be available at a later stage. As a result, services may not be experienced by service users as empowering.

These results raise questions with regard to the effect that delayed services possibly have on the development of mental health distress. Future studies would also have to further explore service provision with regard to home visits, as well as the way in which waiting periods and the requirement of appointments effect service provision with regard to women of low-income.

3.3 Gender focus / theoretical orientation

Literature highlights marginalization as central to the mental health distress experienced by women (Butler, 1985; Landman, 1992). Marginalization may be maintained in larger social settings, through, for example, health policy and gendered patterns of mental illness (De la Rey & Eagle, 1997; Rispel & Goosen, 1996; Van Mens-Verhulst et al., 1999). Feminist theory considers these marginalised environments in which women live and work, from a woman's perspective. They stress the effects of these environments on women, encouraging women to 'grow' in many differing ways (Angless, 1990; Landman, 1992; Van Mens-Verhulst et al., 1999). Feminist theory explores ways of utilising group work as a means of overcoming feelings of isolation, dependency and inadequacy (Landman, 1992). The Vrouwen Hulp Verlening of the Netherlands provides examples of how such services, based on feminist theory, could provide an alternative to the three previously mentioned existing approaches to gender in health care (De la Ray & Eagle, 1997; Van Mens-Verhulst et al., 1999). Such services not only highlight, but also address the differences that exist between men and women in their experiences of mental distress. Literature would lead us to believe that such services could address current shortcomings as expressed through the dissatisfaction of women users (Cooper et al., 1995; Dangor, et al., 1996; De la Rey & Eagle, 1997; Foster and Swartz, 1997; Rispel & Goosen, 1996). As empowerment is central to feminist theory (Comas-Diaz & Greene, 1994; Gutierrez, 1991; Hartveld & Meinster, date unknown) it is important to establish whether or not the organisations that aim at empowering their female users are in fact using feminist theory as their basis. Before this can be done however, it is necessary to point out that only six of the fifty organisations included in the study claim to be feminist organisations. This already serves to highlight the possible explanation for current dissatisfaction of service users. If one then considers that five of these six organisations aim to empower their service users, or alternatively, five of the 38 organisations that aim at empowering their service users subscribe to feminist theory, one gains even greater understanding of the situation.

The implication of these results is that the aforementioned reasons for using feminist theory as a basis for service provision for women are not being utilised. It is therefore possible that these results provide an explanation for the current dissatisfaction of service users (Pick, 1996). One could hypothesise that feminist theory as a theoretical underpinning of services available to women, would address shortcomings such as ineffective consulting hours and inappropriate attention to the distress of women (Cooper et al., 1995; Dangor, et al., 1996; Freeman, 1989; Hirschowitz & Orkin, 1995; Rispel & Goosen, 1996). This would possibly be achieved through sensitivity towards the living and working conditions in which women find themselves (Comas-Diaz, 1997; Sieber & Cairns, 1992), and providing ways in which to overcome negative feelings induced by such conditions (Angless, 1990; Butler, 1985; De la Rey & Eagle, 1997; Landman, 1992). However, future studies should further explore the theoretical basis of services in greater depth. Such studies could determine the degree to which such theoretical "consultation" determines service provision - especially with regard to the planning of future services.

3.4 Mental health and substance abuse

As previously mentioned, distress experienced by low-income women often results in disorders such as depression, anxiety and substance abuse (Belle, 1990; Chissell & Moodley, 1991; Desjarlais et al., 1995; Spangenberg & Pieterse, 1995; O'Donoghue, 1989). The importance of accessibility of services with regards to empowerment as a factor of intervention has already been highlighted (see Table 4, p.26). In the light of this, the following tables explore the accessibility of services aimed at addressing these disorders.

Table 5: Accessibility of services that focus on anxiety and mood disorders

Access	Yes		No		N/A	
	F	%	F	%	F	%
Home visits	11	68.8 %	4	25 %	1	6.3 %
Appointment	8	50 %	7	43.8 %	1	6.3 %
Waiting period	7	43.8 %	9	56.3 %	0	0
Crisis line	6	37.5 %	9	56.3 %	1	6.3 %
Service fee	5	31.3 %	11	68.8 %	0	0
Referral	3	18.8 %	13	81.3 %	0	0
Service fee options	2	12.5 %	1	6.3 %	13	81.3%

N=16 (32 percent of the Total N)**Table 6: Accessibility of services that focus on substance abuse**

Access	Yes		No		N/A	
	F	%	F	%	F	%
Home visits	11	64.7 %	6	35.3 %	0	0
Appointment	9	52.9 %	7	41.2 %	1	5.9 %
Waiting period	9	52.9 %	7	41.2 %	1	5.9 %
Service fee	5	29.4 %	12	70.6 %	0	0
Service fee options	4	23.5 %	0	0	13	76.5%
Referral	2	11.8 %	15	68.2 %	0	0
Crisis line	2	11.8 %	15	88.2 %	0	0

N=17 (34 percent of the Total N)

In order to facilitate comparison and to highlight differences, these tables are discussed together. The feature which stands out the most here is that the bulk of organisations again offer home visits for both anxiety and mood disorders and substance use disorders. It would be interesting for future studies to explore the full context of what is meant here by service providers. Home visits could be of great value with regards to access for women within this region, when one considers the practical problems they have with transport and working hours. Future studies could explore factors such as hours, costs, and interventions used during these home visits.

Ready access of services is again questionable in that approximately half of the organisations require appointments and have waiting periods. As

previously stated, women of low-income in South Africa live very much in the 'here-and-now', and these figures suggest that help for them is not immediately available. Postponement of intervention may reaffirm already low and inaccurate self-perceptions. This becomes especially apparent when one considers that only 37.5 percent of organisations provide crisis lines for anxiety and mood disorders and 11.8 percent for substance use disorders. What needs to be explored further here, is how many of these crisis lines operate 24 hours a day, seven days a week.

With regard to service fees and referrals, these do not appear to be problematic when it comes to access. Two of the five organisations that charge service fees for anxiety and mood disorders have options for people who cannot afford them. In respect of the services available for substance use disorders, four of the five have options for service users of low-income.

As with Table 4 (see p.26), these results seem to indicate that although services are financially accessible, they are not always accessible in respect of time and the immediacy with which issues are addressed. This could undoubtedly contribute to the frustrations experienced by service users (as highlighted by literature), and to increased feelings of disempowerment in women who already have psychological problems.

Effective intervention with regard to mood and anxiety, and substance use disorders should consider the connection between such disorders and the possible social causes thereof. Social causes often provide the context within which these disorders occur, and as such, may serve to maintain the prevalence of such distress (Desjarlais et al., 1995; Goosen & Klugman, 1996; Keen & Silove, 1996; Sanders et al., 1994; Uys & Middleton, 1997). Feminist theory has emphasised the importance of exploring social causes in the development of psychopathology

Table 7: Organisations focusing on anxiety and mood disorders and the contexts within which such disorders develop

Possible causes	Yes		No	
	F	%	F	%
Abuse	11	68.8 %	5	31.3 %
Child and parenting issues	11	68.8 %	5	31.3 %
Financial	10	62.5 %	6	37.5 %
Pregnancy	8	50 %	8	50 %
Marital	8	50 %	8	50 %
HIV / AIDS	7	43.8 %	9	56.3 %
Housing	6	37.5 %	10	62.5 %
Legal	6	37.5 %	10	62.5 %
Employment	4	25 %	12	75 %
Termination of pregnancy	3	18.8 %	13	81.3 %
Sexuality	0	0	16	100 %

N=16 (32 percent of the Total N)

Table 8: Organisations that focus on substance use disorders and the contexts in which such disorders develop

Possible Cause	Yes		No	
	F	%	F	%
Child and parenting issues	11	64.7 %	6	35.3 %
Financial	11	64.7 %	6	35.3 %
Marital	11	64.7 %	6	3.3 %
Abuse	10	58.8 %	7	41.2 %
HIV / AIDS	7	41.2 %	10	58.8 %
Legal	6	35.3 %	11	64.7 %
Employment	5	29.4 %	12	70.6 %
Housing	4	23.5 %	13	76.5 %
Pregnancy	4	23.5 %	13	76.5 %
Termination of pregnancy	3	17.7 %	14	82.4 %
Sexuality	0	0	17	100 %

N=17 (34 percent of the Total N)

Services appear to be addressing the connection between abuse, child and parenting issues, marital issues, and mental and substance use disorders. There does appear to be a lack of attention in respect of the relationship that exists between mental health and issues related to sex (that is HIV/AIDS, pregnancy, termination of pregnancy, and sexuality). Although almost forty four percent of organisations that focus on anxiety and mood disorders

indicated that they pay attention to problems related to AIDS, it was interesting that none of these organisations indicated a focus on sexuality. This once again suggests that organisations sometimes focus on the crucial problems, but fail to contextualise them. This does not only have an impact on how effective treatment can be, but also suggests that not much attention is paid to prevention. Of further concern is that little attention is paid to the valuable preventative and alleviating role that legal, financial and housing assistance could play in the course of mental distress. Services could, however, be referring service-users in instances where necessary. Future studies should explore both the possibility of referrals, and the extent to which these factors (that is legal, financial, and housing) play an influential role in the development and maintenance of mental distress.

Feminist literature (see 3. 3, p.27) highlights interventions such as individual and group therapy, support groups and crisis intervention (Angeless, 1990; Hartveld & Meinster, date unknown; Landman, 1992) as being central to the effective treatment of anxiety and mood disorders. The following tables assess whether services focusing on anxiety and mood disorders are utilising these strategies.

Table 9: Support strategies utilised by services focusing on anxiety and mood disorders

Support strategy	Yes		No	
	F	%	F	%
Support groups	12	75 %	4	25 %
Group therapy	11	68.8 %	5	31.3 %
Crisis intervention	10	62.5 %	6	37.5 %
Individual therapy	10	62.5 %	6	37.5 %
Discussion groups	9	56.3 %	7	43.8 %
Workshops	9	56.3 %	7	43.8 %
Referrals	9	56.3 %	7	43.8 %
Crisis lines	7	43.8 %	9	56.3 %
Awareness campaigns	6	37.5 %	10	62.5 %
Medical assistance	5	31.3 %	11	68.8 %
Shelters	4	25 %	12	75 %
Legal assistance	4	25 %	12	75 %
Seminars	3	18.8 %	13	81.3 %
Education groups	2	12.5 %	14	87.5 %

N=16 (32 percent of the Total N)

Table 10: Support strategies utilised by services focusing on substance use disorders

Support Strategies	Yes		No	
	F	%	F	%
Support groups	14	82.4 %	3	17.7 %
Discussion groups	13	76.5 %	4	23.5 %
Individual therapy	12	70.6 %	5	29.4 %
Group therapy	12	70.6 %	5	29.4 %
Crisis intervention	11	64.7 %	6	35.3 %
Referrals	11	64.7 %	6	35.3 %
Awareness campaigns	10	58.8 %	7	41.2 %
Workshops	8	47.1 %	9	52.9 %
Seminars	6	35.3 %	11	64.7 %
Education groups	5	29.4 %	12	70.6 %
Shelters	3	17.7 %	14	82.4 %
Medical assistance	3	17.7 %	14	82.4 %
Crisis lines	2	11.8 %	15	88.2 %
Legal assistance	1	5.9 %	16	94.1 %

N=17 (34 percent of the Total N)

Support groups would appear to be a central point to intervention. Bearing recommendations from the literature in mind this appears to be a positive factor, especially in light of the fact that both individual and group therapy appear to be readily available. This may indicate that intervention is offered on both a professional as well as a para-professional basis, but future studies should investigate how the concepts of 'individual therapy' and 'group therapy' were understood by organisations. It is heartening that many organisations focusing on anxiety and mood disorders (56,3 percent) and substance abuse (64,7 percent) indicated that they do make referrals. Although this may indicate that there is co-ordination and co-operation, the fact that few of these organisations also offer medical and legal assistance, suggest that few organisations have a holistic approach to mental health, offering different services at the same place.

Of concern however, is once again the low occurrence of crisis lines available from services addressing anxiety and mood disorders and substance use disorders. Considering the relationship between alcohol, the health sector and crime (Parry, 1997) it can be assumed that the fact that only two organisations focusing on substance use disorders have crisis lines is a serious shortcoming on the part of service providers.

3.5 Abuse

Within the South African context, sexual, domestic and emotional abuse would appear to be an everyday occurrence in the lives of low-income women (Spangenberg & Pieterse, 1995; Lessing, 1994; Steenkamp & Sidzumo, 1996; Strydom, et al., 1994). It would thus seem to be pertinent to explore how these organisations provide for, and address the issue of abuse in the lives of these women. Table One (see p.20) indicates that 40 percent of the organisations say that they focus on abuse in general. The question raised by this is to what extent the separate aspects of abuse are being dealt with. Table 11 explores the number of organisations addressing different kinds of abuse.

Table 11: Organisations focusing on abuse: different forms of abuse

Abuse	Number of organisations
Physical, sexual and mental abuse	18
Physical abuse	1
Mental abuse	1
N=20 (40 percent of the Total N)	

Only two of the twenty organisations providing services in respect of abuse make a distinction as regards the aspect of abuse on which they focus. The remaining 18 provide services for abuse occurring in any manner. This implies a holistic approach as concerns intervention, because a single kind of abuse seldom occurs in isolation (for example, physical abuse will probably not occur without sexual and emotional abuse) (Carmen, Rieker & Mills, 1984).

As has been stated previously, access to services is central to effective intervention (Hartveld & Meinster, date unknown; Hirshowitz & Orkin, 1995; Dangor, et al., 1996). Considering the centrality of abuse in the lives of women in South Africa, access (especially with regard to intervention) would appear to be of paramount importance. Table 12 explores the accessibility of organisations focusing on abuse.

Table 12: Accessibility of services that focus on abuse

Access	Yes		No		N/A	
	F	%	F	%	F	%
Appointment required	11	55 %	7	35 %	2	10 %
Home visits	10	50 %	9	45 %	1	5 %
Waiting period	8	40 %	9	45 %	3	15 %
Service fee	6	30 %	13	65 %	1	5 %
Crisis intervention	12	60 %	8	40 %	-	-
Service fee options	4	20 %	1	5 %	15	75 %

N=20 (40 percent of the Total N)

The same pattern of delayed access appears to occur here as it does in Tables 3 (p.24), 4 (p.26), 5 (p.29) and 6 (p.29). This is pertinent to abuse though especially with regard to crisis intervention. Considering the nature of abuse, crisis intervention is valuable in that it can prevent the development of both self-destructive behaviours and anxiety and mood disorders such as depression, anxiety and substance abuse (Carmen, et al., 1984). Sixty percent of organisations provide intervention in this manner, implying that help is readily available. It is not clear however, what organisations mean when they indicate that they provide crisis intervention. As such, the effectiveness of such intervention remains unclear. However, the fact that 55 percent of organisations require appointments and that 40 percent have waiting periods, indicates a definite delay in service provision.

Literature highlights therapy as well as support groups as important interventions for abuse. Angless and Shefer (1995) emphasise the rich and productive experiences of abused women in support groups. Such interventions are capable of replacing depleted social support systems and often begin the empowering process for women, by neutralising their feelings

of isolation, dependency and inadequacy (Butler, 1985; Landman, 1992).

Table 13 explores the prevalence of such strategies in service provision.

Table 13: Ways in which issues are addressed by services that focus on abuse

Support strategy	Yes		No	
	F	%	F	%
Referrals	15	75 %	5	25 %
Discussion groups	14	70 %	6	30 %
Individual therapy	12	60 %	8	40 %
Workshops	12	60 %	8	40 %
Support groups	11	55 %	9	45 %
Group therapy	11	55 %	9	45 %
Awareness campaigns	7	35 %	13	65 %
Seminars	7	35 %	13	65 %
Crisis lines	6	30 %	14	70 %
Medical assistance	6	30 %	14	70 %
Educational groups	5	25 %	15	75 %
Legal assistance	3	15 %	17	85 %
Shelters	2	10 %	18	90 %

N=20 (40 percent of the Total N)

Table 13 suggests that abused women may not have access to the kinds of services that would be most effective. Although 60 percent of organisations offer individual therapy, only 55 percent of all services available to abused women offer support groups and group therapy. Despite the high prevalence of referrals, this remains disconcerting, as one would have to question where these women are being referred to for such interventions. It can only be assumed that referrals are made for assistance regarding legal issues, medical issues and so forth. According to Table 12, twelve of the twenty organisations that focus on abuse offer crisis intervention. Table 13 shows, however, that only 6 of these organisations actually have crisis lines. It is not clear how effective crisis interventions can be if no crisis lines exist.

Furthermore, there are only two shelters available for abused women in this region. Personal communication conducted with these services indicated that their capacity is extremely limited. They can only accommodate approximately 30 women, inclusive of their children. Results illustrated in this table indicate that access to intervention for abuse is severely curtailed, yet again rendering these women disempowered and isolated.

Carmen et al. (1984) underline the connection between abuse and the development of disorders such as depression, anxiety and substance use disorders. They stress that there are behaviours that emerge as a result of abuse that demonstrate a clear link between these experiences and mental distress (see also Steenkamp & Sidzumo, 1996; Strydom et al., 1994). Such behaviour includes suicide attempts, substance abuse, depression and anxiety disorders (including PTSD). Accordingly, Table 14 explores whether or not service providers recognise this connection between abuse and anxiety and mood disorders.

Table 14: Organisations focusing on abuse and on anxiety and mood disorders

Link	Yes		No	
	F	%	F	%
Anxiety and mood disorders	11	55 %	9	45 %
Substance use disorders	11	55 %	9	45 %
PTSD	-	-	20	100 %

N=20 (40 percent of the Total N)

Results reported in this table show that the majority of service providers that do focus on abuse also focus on anxiety and mood disorders and substance use disorders. What is alarming however, is that none of the organisations connect abuse with PTSD. These results would imply that that 45 percent of organisations that focus on abuse do not focus on anxiety and mood disorders, or on substance use disorders. Abuse might be addressed, but the

main long-term individual consequences of abuse seem not to be considered by many organisations focusing on abuse.

4. CONCLUSION

The primary goal of this study has been to explore the availability of mental health services for women of low-income in the WC/WR of Southern Africa. This goal was achieved through conducting a situation analysis of all organisations that provide services pertaining to the mental health of low-income women in this region. A structured questionnaire (see appendix B) was administered to each of these organisations, which, once returned was analysed for accessibility, focus issues, gender approaches, and consequently, possible empowerment of service users. In so doing, a description of available services was established. This study was one component of a large ongoing project (Kruger, 1998) which is concerned with exploring the psychological distress and resilience of low-income women in the WC / WR.

Data gathered from this study was analysed by means of SPSS using descriptive statistics. Through this, an attempt was made to assess the levels of intervention and support available for women of low-income. It is reasonably safe to say that although services appear to be available, certain issues central to women's mental health are not focused on, access is not always easy and certain important intervention strategies are not utilised.

The available literature has highlighted centralisation, fragmentation, and neglect of community care as important limitations to mental health services within South Africa. Other shortcomings reported in the literature have to do with the ways in which psychological distress is addressed. The current study found that services aim at empowerment by realising the importance of contextual issues (that is probable aetiologies of a social nature of problems such as depression, and substance use disorder) and by subscribing to holistic approaches through the use of referrals. It would appear though that their theoretical understanding of such aims are however not grounded in

feminist theory and the practical implementation of such aims then seem to be compromised. Despite this, organisations appear to address those issues central to the lives of women of low-income. In addition, a range of support strategies that would appear to be financially and geographically accessible, is utilised when addressing these issues.

This study has, however, highlighted several limiting factors with regard to service provision. To begin with, there is a very strong indication of a lack of gender orientation. This is illustrated through the limited attention given to issues such as sexuality (which is virtually ignored), pregnancy, and termination of pregnancy. Shelters and crisis lines are not readily available at all, thus restricting immediate access to effective interventions, especially with regard to abuse. In addition, this serves to underline the inaccessibility of services created through time factors, especially with regard to services that address abuse, anxiety, depression, and substance use disorders. Overall, immediate access to services does not appear possible. In conclusion, of great concern is the available service provision in respect of anxiety and mood disorders as well as abuse. Access to mental health services for these disorders appear to be limited, once again, primarily due to time delays as a result of waiting periods. Furthermore, service provision in this area does not appear to be making the necessary connections between disorders and possible social origins. This implies that care being provided for such disorders could be ineffective and inadequate. Additionally, services do not appear to be providing interventions highlighted in existing literature as beneficial to the treatment of abuse. Finally, connections are often not made between abuse and depression, anxiety and substance use disorders. This once again highlights the existing gap between what research is telling us, and how these results are not being incorporated into service provision.

In addition to the findings of this study, its own shortcomings must be highlighted. To begin with it is not only necessary to mention the response rate, but to also express concern about the quality of some responses. Often all questions were not answered, obvious information was not provided (for instance, the existence of other branches) and in some case possibly

contradictory responses were given (for instance, organisations indicating that they offer crisis interventions, but no crisis lines). This might have to do with unclear or ambiguous questions in the questionnaire, but also might be due to the fact that organisations that are short-staffed and under-resourced are not able to spend time on responding to such a questionnaire. Follow-up studies may have a better response rate and better quality responses, as exposure to the current paper and directory may serve as incentive to respond to such questionnaires. Face to face interviews may also alleviate some of the problems experienced with the response rate and quality of responses.

The descriptive nature of this study is also problematic. It is difficult without any comparative data, to assess when services are limited, substantial or impressive. It is hoped that this kind of study will be conducted in other regions so that such comparisons can be drawn in the future.

Future studies should also further explore the theoretical underpinnings of service providers and how they perceive issues such as empowerment, as well as the perceptions of service users regarding service provision requirements. Such studies would hopefully eliminate the discrepancies that exist between available services and the needs of service users. Furthermore, as it was often not clear what organisations meant when they indicated they offer certain support strategies, support and intervention strategies should be defined in the questionnaire in future research, so as to eliminate such ambiguities.

Furthermore, access to services such as crisis lines, crisis intervention, and home visits should be investigated, as well as the connection between such interventions, and follow-up, more in-depth services. The effect of delays in access to such services on the development of mental distress too, should be explored. In a similar vein, the effect of referrals, legal aid, financial assistance, and housing in the elevation and even prevention of mental distress remains an important question as concerns such service provision.

The current study also highlights the crucial importance of studies investigating the mental health needs of women. It is not sufficient to deduce what the needs are from the literature. We know that mental health problems are shaped by the specific contexts in which they develop. In this regard then, it is imperative to understand the psychological distress of low-income women of colour in this region. Services can only be adequately assessed if the mental health needs of service users are taken into account.

Despite its limitations, it is believed that this study has begun to explore service availability and accessibility in the WC/MR. As such, the study and the accompanying directory may be seen as a first effort to address problems with fragmentation of services, as well as co-operation and co-ordination between services. Certain encouraging and worrying trends are highlighted and the necessity of further and more focused research in this area has become even more apparent.

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APPENDIX A:



UNIVERSITEIT VAN STELLENBOSCH
UNIVERSITY OF STELLENBOSCH

19 August 1998

Dear Sir / Madam

Re: Primary Mental Health Resource Survey

I am from the Department of Psychology at the University of Stellenbosch. I am currently doing a survey on the primary mental health resources available to low-income women in the West Coast / Winelands Region. To do this, I need information about the services that existing organisations provide. As your organisation is very important in this regard, I hope that I can get some more information from you.

I am looking at mental health services in particular, but any other services that may contribute towards the well being of women in general, may also be of relevance (e.g. legal aid to women in abusive relationships). In addition, I am interested in the support strategies you use, resources offered to the public, your target group, and how access is gained to your organisation.

The information gathered from this study will be used to compile a resource directory, a copy of which will be sent to you, as well as to both women of low-income and the health workers who work with them. With this, I am hoping to increase co-ordination between services, and decrease the high levels of fragmentation and duplication that currently exists. It is also hoped that more women will receive prompt and efficient assistance through correct referrals, thereby increasing their resources. Organisations such as yours should consequently receive greater recognition and appreciation from both the public and the government.

Please could you complete the following questionnaire and return it to our department. Any comments, remarks or questions that you may have will be valued, please feel free to write them on the questionnaire, or contact me at the department. Your co-operation in this regard would be greatly appreciated.

Yours sincerely

Ms L Liebenberg

APPENDIX B:

Please answer the following questions, and feel free to include any other comments, remarks or questions regarding these issues. Thank you.

Name of the Organisation:
Contact Person:
Phone Number:
Address:
E-Mail / Fax:

A. Type of Services

A1. Do you see your organisation as focusing on women's issues	<input type="checkbox"/>	<input type="checkbox"/>
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A2. Would you call yourself a feminist organisation?	<input type="checkbox"/>	<input type="checkbox"/>
--	--------------------------	--------------------------

A3. Which of the following support strategies do you typically use?	
Individual Therapy	<input type="checkbox"/>
Group Therapy	<input type="checkbox"/>
Discussion Groups	<input type="checkbox"/>
Workshops	<input type="checkbox"/>
Seminars	<input type="checkbox"/>
Support Groups	<input type="checkbox"/>
Medical Services	<input type="checkbox"/>
Crisis Intervention	<input type="checkbox"/>
Legal Assistance	<input type="checkbox"/>
Referrals	<input type="checkbox"/>
Psychoeducational Groups	<input type="checkbox"/>
Awareness Campaigns	<input type="checkbox"/>
Media choice:	
Other	

A4. Do you offer training of non-professional workers?	<input type="checkbox"/>	<input type="checkbox"/>
--	--------------------------	--------------------------

B. Target Group

B1. Who is Your Target Group?	
Males	<input type="checkbox"/>
Females	<input type="checkbox"/>
Lower socio-economic class	<input type="checkbox"/>
Middle socio-economic class	<input type="checkbox"/>
Upper socio-economic class	<input type="checkbox"/>
Children (1 – 12 years of age)	<input type="checkbox"/>
Teenagers (13 – 20 years of age)	<input type="checkbox"/>
Young Adults (20 – 35 years of age)	<input type="checkbox"/>
Middle Aged Adults (36 – 50 years of age)	<input type="checkbox"/>
Elderly (50 + years of age)	<input type="checkbox"/>
Other	

C. Focus Issues

C. Focus Issues		
C1. Which of the following issues do you focus on:		
Empowerment		
Verbal Abuse		
Physical Abuse		
Emotional Abuse		
Sexual Abuse		
Eating Disorders		
Child and Parenting Issues		
Depression		
Anxiety		
Other serious mental disorders		
Substance Abuse		
Legal Issues		
Psychotic Disorders		
Employment Issues		
Financial Problems		
Government Grants and Benefits		
Housing		
Medical Issues		
Marital Problems		
Post-traumatic Stress Disorder		
Other		
C2. What resources does your organisation offer the public?		
Library		
Information Pamphlets		
Educational Media Items		
Other		
D. Access		
D1. How does one gain access to your services?		
No Referral Required		
Referral Required		
Phone Call		
Contact by Letter		
Other		
D2. Is there a service fee?	✓	✗
D3. What is your service fee?		
D4. Do you have options for those who cannot afford your service fees?	✓	✗
Please elaborate		
D5. Does one need an appointment?	✓	✗

D6. Is there a usual waiting period? How long?	✓	✗
---	---	---

D7. Do you offer home visits?	✓	✗
-------------------------------	---	---

D8. Do you have a crisis line?	✓	✗
--------------------------------	---	---

D9. What are your business hours?

E. Location

E1. Where is your organisation based?

E2. Where do you have other branches?
--

E3. Do you offer services in the West Coast Winelands Region?	✓	✗
---	---	---

E4. How does one get to your organisation? (i.e. directions and any public transport you may be aware of)
--

F. Other

F1. Are there any other activities that your organisation engages in that you feel may be relevant to this study?

F2. Are there any other organisations that you know of that can be contacted in this regard?

APPENDIX C:

LIST OF ORGANISATIONS THAT RECEIVED THE QUESTIONNAIRE:

AA

ABBA

ACVV

African Gender Institute (AGI)

Agape (AIDS support centre)

AIDS Study Group Lenteguer Hospital

AI – Anon / AI Ateen

Anxiety Disorders Support Group

Bergzicht Training Centre

CAFDA

Cancer Information Services

Cape Town Breastfeeding Liason Group

Carehaven

Catholic Welfare and Development Battered Women's Programme (CWD)

Centre for Conflict Resolution

Centre for Rural Legal Studies (CRLS)

Child and Family Welfare Society

Choices

Chritelike Maatskaplike Raad (CMR)

Cleto Saporetti Foundation

Com Care

Community Counselling and Training Centre

Community Development Resource Association

Co-ordinated Action for Battered Women (CABW)

De Novo

Delta Training Program

Depression Support Group

Diakonale Services – Contacted as ABBA and Stellemploy

Domestic Violence Project – part of CWD

Domestic Workers Association

Drug Counselling Centre

Early Learning Resource Unit (ELRU)

Eating Disorders Parent Support Group

Energy Development Research Centre (EDRC)

Environmental and Development Agency

FAMSA

Foundation for Alcohol Related Research

Fountain House

Foundation for Social Development

Gay Alcohol Anonymous

Gay Lesbian and Bisexual Helpline

Gender Advocacy Programme

GETNET

Halt Elder Abuse Line

Health and Human Rights Project

Health Promotion Resource Center

Hesketh King Centre

Horison Project

Hospice - Paarl

Hospice – Stellenbosch

Hospice - West Coast

Illitha La Bantu

Incest Survivor's Group

Independent Development Trust

Industrial Health Research Group (IHRG)

Institute for Democratic Alternatives in South Africa (IDASA)

International Labour Resource and Information Group (ILRIG)

Koinonia

Kinder Molestuering

Kindersorg Vereeniging

Kinder en Gesinsorg vereeniging

Landlike Stigting

LANOK

Lawyers for Human Rights

Legal Education Action Project

Legal Resources Centre

Libertas Alcohol and Substance Abuse Unit

Life Line

Magdalena Huis

Mary Stopes Clinic

Mfsani

Mosaic Training, Service and Healing Centre for Women

Matie Community Service

Municipality Stellenbosch

NACOSA

NADEL

National Association for People Living with HIV / AIDS

National Council of Women of South Africa

National Progressive Primary Health Care Network

New Women's Movement

New World Foundation

NICRO - Stellenbosch

Northern Areas AIDS Action Group

Mental Health Societies in South Africa

Options

Parents of Rebellious Children (PORCH)

PAWK

People Against Violence and Abuse

People Opposing Women Abuse (POWA)

Phambili Women's Organisation

Planned Parenthood Association of South Africa (PPASA)

Pregnancy Help Centre

Progressive Primary Health Care Network

Polisieringsforum

Rape Crisis - Cape Town

Rape Crisis – Stellenbosch

Rural Development Support Programme

SA Red Cross Society

Salvation Army

SANCA

SAFELINE

SAFELINE (Somerset-West)

Selby Lodge Ecumenical Association

Sisters Incorporated

Social Change Assistance Trust (SCAT)

South African National Tuberculosis Association

St Anne's Home

State Department

Stellemploy

Stellenbosch Parent Training Centre

Stickland Alcohol Rehabilitation Unit

Surplus People Project

SWEAT (Sex Workers Advocacy and Education Taskforce)

This Ability

Toevlug Drug and Alcohol Rehabilitation Centre

Trauma Centre for Victims of Violence and Torture

Triangle Project

Turning Point Pregnancy Crisis Centre

United Sanctuary for Battered Women

Western Cape Network on Violence Against Women

Wolani / AIDS info

Women Against Women Abuse (WAWA)

Women's Health Research Unit

Women on Farms Project (WFP)

Women's Outreach Foundation

Women's Recovery and Empowerment Programme (WREP)

Wynland Distrikraad

APPENDIX D:

ORGANISATIONS THAT RECEIVED THE QUESTIONNAIRE BUT WERE LATER EXCLUDED:

CAFDA

Cancer Information Services

Cape Town Breastfeeding Liaison Group

Centre for Rural Legal Studies

Domestic Workers Association

Early Learning Resource Unit (ELRU)

Foundation for Alcohol Related Research

Gender Advocacy Programme

GETNET

Health Promotion Department

Illitha La Bantu

Industrial Health Research Group (IHRG)

Kindersorg Vereniging

Kinder en Gesinsorg Vereniging

Life Line

Mfsani

NACOSA

NADEL

National Progressive Primary Health Care Network

New World Foundation

Parents of Rebellious Children (PORCH)

People Against Violence and Abuse

Phambili Women's Organisation

Polisieringsforum

South African National Tuberculosis Association

United Sanctuary for Battered Women

Women's Health Research Unit

Wynland Distrikraad

APPENDIX E:

ORGANISATIONS THAT WERE EXCLUDED FROM THE STUDY:

African Gender Institute (AGI)

Gender study courses: programs that look into the integration of gender into legal policies

AIDS SCAN

Now PPASA – which are included in the study

AIDS Study Group Lentegour Hospital

Support group and advisory activities only for hospital staff and patients

AIDS Training Information and Counseling Centre (ATICC)

Does not cater for this region

Anglican Church All Saints

Durbanville: only targets local community / farm workers / youth

Anorexics Anonymous

No longer active

Anorexia and Bulimia Family Support Group

No longer active

Anxiety Disorders Support Group

Consumer Organization

Association for Bisexuals, Gays and Lesbians (ABIGALE)

No longer active

Association for Black Women's Research Development

No longer active

Association for the Interests of Single Parents

No longer active

Avalon Treatment Center

Only service metropol

Black Sash

Does not cater for this region

Camden House

Cannot contact anyone in charge

Cape Town Drug Counselling Center

Services metropol only

Cape Women's Forum

Unlisted number

Carehaven

Data was used but they wish to remain unpublished

Centre for Conflict Resolution

Were emailed faxed and phoned, no reply

Colestine Lodge

Caters for men only

Community Counselling and Training Center

Two courses the second of which is an eight-week counselling course

Community Development Resource Association

Contributes towards strengthening organisational development by conducting training courses in organisational development and information courses for development practitioners

Community Health Service Organisation

Only service metropol

Community Workers Forum

No response

Co-ordinated Action for Battered Women (CABW)

Umbrella group of 20 women's and welfare organizations who have collectivized their knowledge and skills to tackle the problem of violence against women at every level. It does not offer counselling, but has initiated projects of developing support groups

Depression Support Group (same group as anxiety disorders)
Consumer organisation

Diakonale Services
Contacted as ABBA and Stellemploy

Domestic Violence Project
Part of CWD

Drug Counseling Center
No response

Eating Disorders Parent Support Group
Does not cater for this community

End Racism and Sexism Through Education (ERASE)
Temporarily closed

Energy Development Research Center (EDRC)
Not applicable

Environmental and Development Agency
Do not cater for this community.

Environmental Monitoring Group
Could not be contacted

FAWU Clinic / Ray Alexander Clinic
Could not be contacted

Foundation for Rural Community Development
Could not be contacted

Foundation for Social Development
No response

Franschhoek Voluntary Home Nursing and Hospice
No longer exists

Gay Alcohol Anonymous

Does not cater for this region

Gay Lesbian and Bisexual Helpline

Telephone service only

Groote Schuur Eating Disorders Clinic

No longer exists

Halt Elder Abuse Line

No response

Health and Human Rights Project

Conduct research into the accountability of service providers

Helderberg AIDS Centre

Does not cater for this region

Hesketh King Center

Consumer organisation

HIV Support Center

Incorrect numbers

Horison Project

Teen-age life skills

Incest Survivor's Group

Does not cater for this region

Independent Development Trust

No response

Institute for Democratic Alternatives in South Africa (IDASA)

Not applicable

Landlike Stigting

Do not service this region

Legal Aid

Always engaged

Libertas Alcohol and Substance Abuse Unit

Consumer organisation

Life Line

No response

Link Single Parents Support Group

Does not service this region

Muldersvlei Rehab Centre

Only caters for men

National Build a Better Society Association (BABS)

Unable to contact

National Council of Women of South Africa

Not applicable to this study

New Women's Movement

Campaigning organisation

NICRO: Women's Support Centre

Referred us to Nicro Stellenbosch

Northern Areas AIDS Action Group

Does not cater to this community

Mental Health Societies in South Africa

Not applicable to study

People Opposing Women Abuse (POWA)

No response

Progressive Primary Health Care Network

Unable to contact

Rape Crisis - Cape Town
Does not service this region

Rural Foundation

Rural Development Support Programme
Only work in the Eastern and Northern Cape

SAFELINE (Somerset-West) – Now PATCH
Child abuse only

SA Federation for Mental Health
Unable to contact

Selby Lodge Ecumenical Association
Only service immediate community of Maitland

Single Parent Group
Unable to contact

Social Change Assistance Trust (SCAT)
Fund raising organisation, funding rural projects, mostly advice offices

Stellenbosch AIDS Co-ordinating Group
Not active at time of study

Stellenbosch Parent Training Centre
Does not cater for the community

Stickland Alcohol Rehabilitation Unit
Consumer organisation

This Ability
Does not cater for this community

Toevlug Drug and Alcohol Rehabilitation Centre
Consumer organisation

Trail Blazers

Unable to contact

Umanyano Lesbian Organisation

Linked to triangle project

UWC Community Law Centre: Women's Rights Project

No real resources for women – only research

Western Cape Alcohol and Drug Abuse Forum

Do not offer services

Western Cape Traditional Healers and Doctors Association

Not applicable to this study

Wolani / AIDS info

No services for rural women at present - planning on expanding

Women Against Women Abuse (WAWA)

Does not offer services to this region

Women's Bureau of South Africa

Unable to contact

Women for Peace

Unable to contact

Women's Recovery and Empowerment Programme (WREP)

Private clinic

Youth for Christ

Only work with youth at school and church

Zonta International

Unable to contact

DIRECTORY

VROUEGEESTES- GESONDHEIDSGIDS

Versprei deur
Die Women's Mental Health Research Project
Departement Sielkunde
Universiteit van Stellenbosch
Februarie 2000
E-pos: WMHRP@akad.sun.ac.za
Tel.: 021 808 3457
Faks: 021 808 3584

INLEIDING

Hierdie gids is primêr gemik op vroue van lae-inkomste groepe in die Weskus / wynverbouingstreek. Die doel is dat hierdie gids beskikbaar sal wees vir hulle gebruik by diensstasies, soos byvoorbeeld nie-Staat organisasies, Staatsgesondheidsdienste en polisiestasies. Gevolglik is die gids ook beskikbaar vir gebruik deur genoemde diensvoorsieners. Dit is egter belangrik om in gedagte te hou dat hierdie gids saamgestel is met die oog op vergemaklikte gebruik deur hierdie vroue. As sulks is dit geformuleer ten einde verbeterde toeganklikheid te verseker.

Albeit hierdie gids gemik is op geestesgesondheidsdienste in besonder, word enige dienste wat mag bydra tot die emosionele welsyn van vroue in die algemeen, ook ingesluit. Vir hierdie rede is dienste wat nie in hierdie streek val nie, maar wel in die omliggende areas, ook ingesluit.

Die hoop word gekoester dat die samestelling van hierdie gids nie alleen die koördinasie tussen dienste sal bevorder nie, maar dat vroue spoedige, doeltreffende en die korrekte bystand sal ontvang, en dat hul hulpbronne daardeur uitgebrei sal word.

Die belangrikste kenmerk van hierdie gids is gebruikersvriendelikheid – toeganklikheid. Vir hierdie rede is die informasie in Afrikaans vertaal en is 'n omvattende verwysingssisteem geskep. Die samesteller is van die opinie dat 'n gebruiker van die gids waarskynlik die gids sal raadpleeg met 'n probleem in gedagte – en nie noodwendig 'n organisasie nie. As sulks, is die gids alfabeties georden volgens kwessies wat sentraal tot hierdie vroue staan, met die ooreenstemmende organisasies daarna gelys. Ten einde kruisverwysings te bevorder, is 'n indeks saamgestel wat die organisasies lys met die bladsye waarop hulle voorkom.

As sulks lys die hoofinhoudsblad die mini-inhoudsbladsye vir elke kwessie wat deur die gids gedek word. Elke mini-inhoudsbladsy lys dan die organisasies wat hierdie kwessies aanspreek, sowel as die bladsye waarop hulle voorkom. Organisasies is alfabeties gelys en word geskei deur soliede lyne. Die name van die organisasies word gevolg deur hul onderskeie telefoonnommers, adresse en werksure. Toegangsmiddele (soos byvoorbeeld: nodige verwysings, diensfooie, wagperiodes en nodige afsprake) word gegee, gevolg deur die betrokke organisasie se fokuskwessies (gelys na aanleiding van belangrikheid) en die ondersteunings-strategieë wat gebruik word.

Met die doel om toegang tot Staatsdienste te bevorder, word 'n bylae van hierdie dienste (soos byvoorbeeld: mobiele klinieke, klinieke, distrik hospitale, tersiêre hospitale en skoolklinieke) ingesluit, sowel as hulle telefoonnommers (waar moontlik) en liggings (Bylae A). Bylae B lys

sosiale werkers in die streek. Die volle besonderhede van hierdie dienste is egter nie bekend aan die samesteller van die gids nie omdat hierdie informasie slegs kort voor publikasie verwerf is. Eerder as om hierdie waardevolle hulpbronne weg te laat, is hierdie bylae ingesluit as 'n tydelike maatstaf, met die oog op die insluiting van hierdie dienste in 'n hersiene weergawe van die gids (wat moontlik teen Februarie 2001 gepubliseer sal word).

NOTA VAN DIE SAMESTELLER

Ek wil graag van hierdie geleentheid gebruik maak om die nodige bedankings te doen. In die eerste plek wil ek die organisasies wat in hierdie gids saamgevat is, bedank vir hulle bydrae tot die gemeenskappe wat hulle bedien, asook vir hul deelname aan hierdie ondersoek.

Tweedens, my opregte dankbetuiging aan die *South Africa - Netherlands Research Programme on Alternatives in Development (SANPAD)*, asook die Universiteit van Stellenbosch vir hulle bedraes tot die befondsing van hierdie publikasie. In die derde plek wil ek die assistente by die kantoor van die *Women's Mental Health Research Project* bedank vir hulle ywer en bydrae tot die samestelling en vertaling van die gids. My opregte dank ook aan Suzanne de Villiers van die Departement Gesondheid vir haar uiters-waardevolle bydraes, sowel as Linda Small vir die grafiese ontwerp. Ten slotte wil ek graag hierdie gids opdra aan my gesin, sonder wie se oneindige liefde en ondersteuning, ek nie hierdie taak sou kon baasraak nie.

Linda Liebenberg

NOOD NOMMERS

AIDS LINE 0800 01 2322
CHILD LINE 0800 05 5555
LIFE LINE (021) 461 1111 / 4

AMBULAANS 10 177

HOSPITALE

Groote Schuur Hospitaal (021) 404 9111
Rooi Kruis Kinder Hospitaal (021) 658 5111
Tygerberg Hospitaal (021) 938 4911

WOMEN'S MENTAL HEALTH

RESEARCH PROJECT (021) 808 3457
(Vir verwysings in die Weskus / Wynland Streek)
(Maandag – Vrydag: 9:00 – 4:00)

INHOUD

Advocacy / Voorspraak	6
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ADVOCACY VOORSpraak

ACVV	6
Delta Opleiding Program	7
Western Cape Network on Violence Against Women	7

VOORSpraak

ACVV

Franschhoek	(021) 876 2670
Malmesbury	(022) 482 2245
Moorreesburg	(022) 433 1109
Paarl	(021) 872 2738
Piketberg	(0261) 31 525
Porterville	(022) 931 2789
Riebeeck-Kasteel	(022) 488 784
Stellenbosch	(021) 883 3015 / 887 4774
Vredenburg	(022) 713 2307
Wellington	(021) 873 2204
Maandag – Vrydag: 7:45 – 4:30	

TOEGANG Geen verwysings nodig
 Geen diensfooi
 Afspraak verkies
 Tuisbesoeke

FOKUSKWESSIES

Bemagtiging; Mishandeling; Kind- en ouerkwessies; Depressie; Angs;
 Substansmisbruik; Werkswessies; Finansiële kwessies;
 Regeringstoelae en voordele; Huwelikswessies

ONDERSTEUNINGSTRATEGIEË

Individuele en groepsterapie; Besprekingsgroepe; Werkswinkels;
 Krisisintervensie; Opleiding van nie-professionele werkers

DELTA OPLEIDING PROGRAM

Tel. (021) 448 8411

Scottweg 1, Observatory

Maandag - Vrydag: 8:30 - 4:30

TOEGANG Geen verwysings nodig
 Diensfooi
 Afspraak nodig
 Geen tuisbesoeke
 Werk in gemeenskappe

FOKUSKWESSIES

Substansmisbruik; Bemagtiging; Mishandeling; Regskwessies;
 Werkswessies; Behuising

ONDERSTEUNINGSTRATEGIEË

Besprekingsgroepe; Werkswinkels; Opleiding van nie-professionele werkers

WESTERN CAPE NETWORK ON VIOLENCE AGAINST WOMEN

Tel. (021) 633 5287

Saartjie Baartman Sentrum, Avalon Treatment Sentrum,
 Klipfonteinweg, Athlone

Maandag – Vrydag: 8:30 – 4:30

FOKUSKWESSIES

Bewerkstellig netwerk en koördineer diensverskaffers wat met die kwessie van geweld teenoor vroue werk.

ONDERSTEUNINGSTRATEGIEË

Vergaderings; Korrespondensie; Voorsiening van informasie; Voorspraak

BEHUISSING

Matie Gemeenskapsdiens	8
Suid Afrikaanse Rooi Kruis Vereniging	9
Surplus People Project	9
The Haven	10
Vroue in Nood	10

BEHUISSING

MATIE GEMEENSKAPSDIENS

Tel. (021) 808 3638

Ou Loekhoff Skool, Banhoekweg, Stellenbosch

Maandag - Vrydag: 8:00 - 5:00

TOEGANG Geen verwysings benodig
 Diensfooi slegs van toepassing op mediese klinieke
 Geen afspraak benodig
 Geen tuisbesoeke
 Werk in gemeenskap

FOKUSKWESSIES
 Bemagtiging; Ernstige geestesversteurings; Regshulpkliniek;
 Werkswessies; Mediese kwessies; Behuising; Opleiding van
 nie-professionele werkers

SUID AFRIKAANSE ROOIKRUIS VERENIGING

Tel. (021) 797 5360

Broadweg 21, Wynberg

Maandag - Vrydag: 8:30 – 4:30

TOEGANG Geen verwysings benodig
 Diensfooi slegs vir nood hulp
 Verkies afspraak
 Tuisbesoeke

FOKUSKWESSIES

Bemagtiging; Behuising; Mediese kwessies; Rampverligting;
 Konflikoplossing

ONDERSTEUNINGSTRATEGIEË

Werkswinkels; Krisisintervensie; Verwysings

SURPLUS PEOPLE PROJECT

Tel. (021) 448 5605

Collingwoodweg 45, Observatory

Maandag - Vrydag: 9:00 - 5:00

TOEGANG Geen verwysings benodig nie
 Geen diensfooi
 Afspraak benodig

FOKUSKWESSIES

Vroue se grondregte; Behuising; Regeringstoelae en voordele;
 Bemagtiging

ONDERSTEUNINGSTRATEGIEË

Besprekingsgroepe; Werkswinkels; Regshulp; Bewusmakingsveldtogte

THE HAVEN
Tel. (021) 889 5031
Klapmutsweg 402, Stellenbosch
Maandag - Vrydag: 9:00 - 4:00

TOEGANG Geen verwysings benodig
 Diensfooi: 2/3 van inkomste
 Moontlike wagtydperk

FOKUSKWESSIES

Mishandeling; Kind- en ouerkwessies; Substansmisbruik; Behuising;
 Permanente losies; Sekere mediese kwessies

ONDERSTEUNINGSTRATEGIEË

Permanente losies; Verwysings; Regs en mediese advies; Opleiding
 in lewensvaardighede en handwerk

VROUE IN NOOD
Tel. (021) 425 2095
Somersetstraat 37A, Groenpunt
Maandag - Vrydag: 9:00 - 5:00

TOEGANG Geen verwysings benodig
 Geen diensfooi
 Verkies afspraak
 Geen tuisbesoeke

FOKUSKWESSIES

Bemagtiging en opleiding van nie-professionele werkers / hawelose
 vroue en hul kinders, in die SBD distrik

ONDERSTEUNINGSTRATEGIEË

Regeringstoelae en voordele; Behuising; Besprekingsgroepe;
 Werkswinkels; Verwysings; Opleiding van nie-professionele werkers

FINANSIËLE RAAD

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FINANSIËLE RAAD
ACVV

Franschhoek (021) 876 2670
 Malmesbury (022) 482 2245
 Moorreesburg (022) 433 1109
 Paarl (021) 872 2738
 Piketberg (0261) 31 525
 Porterville (022) 931 2789
 Riebeeck-Kasteel (022) 488 784
 Stellenbosch (021) 883 3015 / 887 4774
 Vredenburg (022) 713 2307
 Wellington (021) 873 2204
Maandag – Vrydag: 7:45 – 4:30

TOEGANG Geen verwysings benodig
 Geen diensfooi
 Afspraak verkies
 Tuisbesoeke

FOKUSKWESSIES

Bemagtiging; Mishandeling; Kind- en ouerkwessies; Depressie; Angs;
 Substansmisbruik; Werkswinkels; Finansiële kwessies;
 Regeringstoelae en voordele; Huwelikswinkels

ONDERSTEUNINGSTRATEGIEË

Individuele en groepsterapie; Besprekingsgroepe; Werkswinkels;
 Krisisintervensie; Opleiding van nie-professionele werkers

CMR

Clanwilliam (027) 482 1620
Vanrhynsdorp (027) 219 1926
Vredenburg (022) 713 1668
Maandag – Vrydag: 9:00 – 4:00

TOEGANG Geen verwysings nodig
 Geen diensfooi
 Afspraak nodig
 Tuisbesoeke

FOKUSKWESSIONS

Bemagtiging; Mishandeling; Kind- en ouerkweSSIONS;
 Geestesversteurings; Substansmisbruik; Finansiële kweSSIONS; Behuising;
 HuwelikskweSSIONS

ONDERSTEUNINGSTRATEGIEË

Individuele en groepsterapie; Besprekingsgroepe;
 Ondersteuningsgroepe; Krisisintervensie; Verwysings;
 Bewusmakingsveldtogte; Opleiding van nie-professionele werkers

KINDER- EN GESINSORG VERENIGING

Lambertsbaai (027) 432 2639
Paarl (021) 862 6182
Stellenbosch (021) 887 2816
Maandag - Vrydag: 8:00 - 4:00

TOEGANG Geen verwysing nodig
 Geen diensfooi
 Afspraak nodig
 Tuisbesoeke
 Werk in gemeenskap

FOKUSKWESSIONS

Kind- en ouerkweSSIONS; Bemagtiging; Mishandeling

ONDERSTEUNINGSTRATEGIEË

Individuele en groepsterapie; Besprekingsgroepe; Werkswinkels;
 Ondersteuningsgroepe; Krisisintervensie; Verwysings;
 Bewusmakingsveldtogte; Opleiding van nie-professionele werkers

LANOK

Tel. (021) 863 2935
Suider-Paarl
Maandag - Vrydag: 8:00 – 4:30

TOEGANG Geen verwysing nodig
 Geen diensfooi
 Afspraak nodig
 Tuisbesoeke

FOKUSKWESSIONS

Werkswinkels; Finansiële kweSSIONS; Bemagtiging

ONDERSTEUNINGSTRATEGIEË

Werkswinkels; Seminare; Opvoedingsgroepe; Opleiding van nie-
 professionele werkers – geletterdheid / lewensvaardighede / tegniese -
 en vakopleiding

TEIKENGROEP

Behoeftige gemeenskappe en individue in plattelandse- en stedelike randgebiede

MAATSKAPLIKE WERKERS

Paarl Hospitaal (021) 872 1711
Stellenbosch Hospitaal (021) 887 0310
TC Newman Daghospitaal (Paarl) (021) 872 1711
Maandag - Vrydag: 7:30 – 4:00

TOEGANG Geen verwysings nodig
 Diensfooi
 Afspraak nodig
 Geen tuisbesoeke

FOKUSKWESSIES

Bemagtiging; Mishandeling; Gemoedsversteurings en
 psigotiesesteurings; Regeringstoelae en voordele; Huweliksprobleme;
 Terminasie van swangerskap / Aborsie

ONDERSTEUNINGSTRATEGIEË

Individuele terapie; Besprekingsgroepe; Ondersteuningsgroepe;
 Mediese dienste; Krisisintervensie; Verwysings

SISTERS INCORPORATED

Tel. (021) 797 4190
Ascotweg 32, Kenilworth
Maandag - Vrydag: 8:00 - 5:00
Maatskaplike Werker: 8:30 – 1:00

TOEGANG Geen verwysings nodig
 R400 per maand indien moontlik
 Afspraak nodig

FOKUSKWESSIES

Krisisswangerskappe; Skuiling; Bemagtiging; Mishandeling; Eetsteurings;
 Depressie; Angs; Substansmisbruik; Regskwessies; Finansiële
 probleme; Regeringstoelae en voordele

ONDERSTEUNINGSTRATEGIEË

Individuele terapie; Groepsterapie; Besprekingsgroepe; Regsbystand;
 Ondersteuningsgroepe; Krisisintervensie; Opvoedingsgroepe;
 Bewusmakingsveldtogte

VROUE IN NOOD

Tel. (021) 425 2095
Somersetstraat 37A, Groenpunt
Maandag - Vrydag: 9:00 - 5:00

TOEGANG Geen verwysings nodig
 Geen diensfooi
 Verkies afspraak
 Geen tuisbesoeke

FOKUSKWESSIES

Bemagtiging en opleiding van nie-professionele werkers / hawelose
 vroue en hul kinders, in die SBD distrik

ONDERSTEUNINGSTRATEGIEË

Regeringstoelae en voordele; Behuising; Besprekingsgroepe;
 Werkswinkels; Verwysings; Opleiding van nie-professionele werkers

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FOKUSKWESSIES

Bemagtiging; Mishandeling; Kind- en ouerkwessies; Depressie; Angs;
Substansmisbruik; Werkswessies; Finansiële kwessies;
Regeringstoelae en voordele; Huwelikswessies

ONDERSTEUNINGSTRATEGIEË

Individuele en groepsterapie; Besprekingsgroepe; Werkswinkels;
Krisisintervensie; Opleiding van nie-professionele werkers

DE NOVO

Tel. (021) 988 1138

Ou Paarlpad, Kraaifontein

Maandag - Vrydag: 7:45 - 4:00

TOEGANG

Verwysings benodig via maatskaplike werker
Diensfooi: R1 per dag indien moontlik
Afspraak benodig
Tuisbesoeke

FOKUSKWESSIES

Bemagtiging; Kind- en ouerkwessies; Alle Substansmisbruik; Regs
interdikte; Regeringstoelae en voordele; Mediese kwessies;
Huweliksprobleme

ONDERSTEUNINGSTRATEGIEË

Individuele terapie; Groepsterapie; Besprekingsgroepe;
Werkswinkels; Seminare; Ondersteuningsgroepe; Mediese dienste;
Krisisintervensie; Regshulp; Verwysings; Opvoedingsgroepe;
Bewusmakingsveldtogte; Binne-pasient dienste

FINANSIËLE REGERINGSTOELAE

ACVV

Franschhoek (021) 876 2670
Malmesbury (022) 482 2245
Moorreesburg (022) 433 1109
Paarl (021) 872 2738
Piketberg (0261) 31 525
Porterville (022) 931 2789
Riebeeck-Kasteel (022) 488 784
Stellenbosch (021) 883 3015 / 887 4774
Vredenburg (022) 713 2307
Wellington (021) 873 2204
Maandag – Vrydag: 7:45 – 4:30

TOEGANG

Geen verwysings benodig
Geen diensfooi
Afspraak verkies
Tuisbesoeke

DEPARTEMENT VAN GESONDHEID
Sien Bylae A
Maandag - Vrydag: 7:30 – 4:00

TOEGANG Verwysings benodig
 Geen diensfooi
 Afspraak benodig
 Tuisbesoeke
 Werk in gemeenskap

FOKUSKWESSIES

Bemagtiging; Mishandeling; Kind- en ouerkwessies; Depressie; Angs;
 Ernstige geestesverteurings; Substansmisbruik; Psigotiese versteurings;
 Regeringstoelae en voordele; Primêre gesondheidsorg - mediese kwessies

ONDERSTEUNINGSTRATEGIEË

Groepsterapie; Besprekingsgroepe; Werkswinkels;
 Ondersteuningsgroepe; Krisisintervensie; Verwysings; Psigo-
 opleidingsgroepe; Bewusmakingsveldtogte; Opleiding van nie-
 professionele werkers

HOSPICE

Kaapstad: (021) 797 5335
Franschhoek: (021) 876 3053
Paarl: (021) 872 4060
Stellenbosch: (021) 8866825
Weskus (Tableview): (021) 557 8925
Maandag - Vrydag: 8:00 - 4:00

TOEGANG Geen verwysings benodig
 Geen diensfooi - bydraes welkom
 Geen afspraak benodig
 Tuisbesoeke
 Sommige takke bied sorg aan binnepasiente

FOKUSKWESSIES

Terminalesorg (medies); Berading (insluitend rouberading);
 Ongeskiktheidstoelae; Bemagtiging; Regshulp

ONDERSTEUNINGSTRATEGIEË

Individuele en gesinsberading; Mediese dienste; Regsbystand; Verligting
 en ondersteuningsorg; Opleiding van nie-professionele werkers - geen
 diensfooi

TEIKENGROEP

Enige persoon met 'n terminale (bv. Kanker, Vigs) siekte, en hul gesinne

KINDER- EN GESINSORGVERENIGING

Lambertsbaai (027) 432 2639
Paarl (021) 862 6182
Stellenbosch (021) 887 2816
Maandag - Vrydag: 8:00 - 4:00

TOEGANG Geen verwysing benodig
 Geen diensfooi
 Afspraak benodig
 Tuisbesoeke
 Werk in gemeenskap

FOKUSKWESSIES

Kind- en ouerkwessies; Mishandeling; Bemagtiging

ONDERSTEUNINGSTRATEGIEË

Individuele en groepsterapie; Besprekingsgroepe; Werkswinkels;
 Ondersteuningsgroepe; Krisisintervensie; Verwysings;
 Bewusmakingsveldtogte; Opleiding van nie-professionele werkers

MAATSKAPLIKE WERKERS

Paarl Hospitaal (021) 872 1711
Stellenbosch Hospitaal (021) 872 1711
TC Newman Daghospitaal (Paarl) (021) 872 1711
Maandag - Vrydag: 7:30 – 4:00

TOEGANG Geen verwysings benodig
 Diensfooi
 Afspraak benodig
 Geen tuisbesoeke

FOKUSKWESSIONES

Bemagtiging; Mishandeling; Gemoedsversteurings en
 psigotiese toestellings; Regeringstoelae en voordele; Huweliksprobleme;
 Terminasie van swangerskap / Aborsie

ONDERSTEUNINGSTRATEGIEË

Individuele terapie; Besprekingsgroepe; Ondersteuningsgroepe;
 Mediese dienste; Krisisintervensie; Verwysings

NATIONAL ASSOCIATION OF PEOPLE LIVING WITH AIDS

Tel. (021) 637 2190
NY 108 – Uluntu Centre, Gugulethu
Maandag - Vrydag: 8:30 - 4:30

TOEGANG Geen verwysings benodig
 Geen diensfooi
 Verkies afspraak
 Tuisbesoeke af en toe
 Bied nie in die algemeen dienste in die Weskus /
 Wynland streek aan nie

FOKUSKWESSIONES

HIV AIDS / VIGS

ONDERSTEUNINGSTRATEGIEË

Individuele terapie; Werkswinkels; Verwysings; Bemagtiging;
 Regskwessies verwant aan HIV AIDS / VIGS; Werkskwessies verwant
 aan HIV AIDS / VIGS; Regeringstoelae en voordele

NICRO - STELLENBOSCH

Geen Telefoon
NG Kerk Cloetessville, Stellenbosch
Woensdae: 10:30 - 3:00

TOEGANG Geen verwysings benodig
 Geen diensfooi
 Geen afspraak benodig
 Geen tuisbesoeke

FOKUSKWESSIONES

Mishandeling; Regskwessies; Verwysings vir Regeringstoelae en
 voordele; Huweliksprobleme

ONDERSTEUNINGSTRATEGIEË

Individuele en groepsberading; Besprekingsgroepe; Verwysings;
 Opleiding van nie-professionele werkers

**PLANNED PARENTHOOD ASSOCIATION OF
SOUTH AFRICA**
Tel. (021) 448 7312
Ansonstraat 12, Observatory
Maandag - Donderdag: 8:00 - 4:30
Vrydag: 8:00 - 4:00

TOEGANG Geen verwysings benodig
 Diensfooi - hang af van diens
 Afspraak benodig
 Tuisbesoeke

FOKUSKWESSIES

Fisiese mishandeling; Reproductiewe gesondheid; Kind- en
 ouerkwessies; HIV AIDS/VIGS opleiding en voorkoming; Bemagtiging

ONDERSTEUNINGSTRATEGIEË

Werkswinkels; Mediese dienste; Verwysings; Opleiding van beraders

SISTERS INCORPORATED
Tel. (021) 797 4190
Ascotweg 32, Kenilworth
Maandag - Vrydag: 8:00 - 5:00
Maatskaplike Werker: 8:30 - 1:00

TOEGANG Geen verwysings benodig
 R400 per Maand indien moontlik
 Afspraak benodig

FOKUSKWESSIES

Krisisswangerskappe; Skuiling; Bemagtiging; Mishandeling;
 Eetsteurings; Depressie; Angs; Substansmisbruik; Regskwessies;
 Finansiële probleme; Regeringstoelae en voordele

ONDERSTEUNINGSTRATEGIEË

Individuele terapie; Groepsterapie; Besprekingsgroepe;
 Ondersteuningsgroepe; Krisisintervensie; Regsbystand;
 Opvoedingsgroepe; Bewusmakingsveldtogte

SURPLUS PEOPLE PROJECT
Tel. (021) 448 5605
Collingwoodweg 45, Observatory
Maandag - Vrydag: 9:00 - 5:00

TOEGANG Geen verwysings benodig
 Geen diensfooi
 Afspraak benodig

FOKUSKWESSIES

Vroue se grond regte; Behuising; Regeringstoelae en voordele;
 Bemagtiging

ONDERSTEUNINGSTRATEGIEË

Besprekingsgroepe; Werkswinkels; Regshulp; Bewusmakingsveldtogte

VROU IN NOOD
Tel. (021) 425 2095
Somersetstraat 37A, Groenpunt
Maandag - Vrydag: 9:00 - 5:00

TOEGANG Geen verwysings benodig
 Geen diensfooi
 Verkies afspraak
 Geen tuisbesoeke

FOKUSKWESSIES

Bemagtiging en opleiding van nie-professionele werkers / hawelose
 vroue en hul kinders, in die SBD distrik

ONDERSTEUNINGSTRATEGIEË

Regeringstoelae en voordele; Behuising; Besprekingsgroepe;
 Werkswinkels; Verwysings; Opleiding van nie-professionele werkers

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GEMOEDVERSTEURINGS

ACVV

Franschhoek	(021) 876 2670
Malmesbury	(022) 482 2246
Moorreesburg	(022) 433 1109
Paarl	(021) 872 2738
Piketberg	(0261) 31 525
Porterville	(022) 931 2789
Riebeeck-Kasteel	(022) 488 784
Stellenbosch	(021) 883 3016 / 887 4774
Vredenburg	(022) 713 2307
Wellington	(021) 873 2204
Maandag – Vrydag: 7:45 – 4:30	

TOEGANG Geen verwysings nodig
Geen diensfooi
Afspraak verkies
Tuisbesoeke

FOKUSKWESSIONS

Bemagtiging; Mishandeling; Kind- en ouerkweession; Depressie; Angs;
Substansmisbruik; Werkskweession; Finansiële kweession;
Regeringstoelae en voordele; Huwelikskweession

ONDERSTEUNINGSTRATEGIEË

Individuele en groepsterapie; Besprekingsgroepe; Werkswinkels;
Krisisintervensie; Opleiding van nie-professionele werkers

SENTRUM VIR STUDENTE VOORLIGTING EN ONTWIKKELING

Tel. (021) 808 2903 / 4706
Victoriastraat, Stellenbosch
Maandag – Vrydag: 9:00 – 4:00

TOEGANG Studente aan die Universiteit van Stellenbosch alleenlik

FOKUSKWESSIONS

Mishandeling; Eet versteurings; Kind- en ouerkweession; Depressie;
Angs; Substansmisbruik

ONDERSTEUNINGSTRATEGIEË

Individuele terapie; Krisisintervensie

COM CARE

Tel. (021) 448 0760/1
Valkenburg, Observatory
Oggende alleenlik

TOEGANG Verwysiging van doktor nodig
Aansoekvorm
R990 per maand
Afspraak nodig

FOKUSKWESSIONS

Ernstige Gemoedsversteurings; Behuising

ONDERSTEUNINGSTRATEGIEË

Behuising; Verleen hulp met die opstel van ander groepe; Krisis-
intervensie - intern; Beperkte berading

DEPARTEMENT VAN GESONDHEID

Sien Bylae A

Maandag - Vrydag: 7:30 – 4:00

TOEGANG Verwysings nodig
 Geen diensfooi
 Afspraak nodig
 Tuisbesoeke
 Werk in gemeenskap

FOKUSKWESSIES

Bemagtiging; Mishandeling; Kind- en ouerkwessies; Depressie;
 Angs; Ernstige geestesteurings; Substansmisbruik; Psigotiese
 versteurings; Regeringstoelae en voordele; Primêre
 gesondheidsorg - mediese kwessies

ONDERSTEUNINGSTRATEGIEË

Groepsterapie; Besprekingsgroepe; Werkswinkels;
 Ondersteuningsgroepe; Krisisintervensie; Verwysings; Psigo-
 opleidingsgroepe; Bewusmakingsveldtogte; Opleiding van nie-
 professionele werkers

FAMSA

Tel. (021) 592 2063

Voortrekkerweg 77, Goodwood

Maandag - Vrydag: 9:00 – laaste pasiënt

TOEGANG Geen verwysings nodig
 Diensfooi - glyskaal
 Afspraak nodig

FOKUSKWESSIES

Verhoudingskwessies; Huweliksprobleme; Kind- en ouerkwessies;
 Bemagtiging; Mishandeling; Depressie; Angs

ONDERSTEUNINGSTRATEGIEË

Individuele terapie; Groepsterapie; Besprekingsgroepe; Werkswinkels;
 Ondersteuningsgroepe; Verwysings; Opvoedingsgroepe;
 Bewusmakingsveldtogte; Opleiding van nie-professionele werkers

FOUNTAIN HOUSE

Tel. (021) 447 7409

Lower Mainweg 227, Observatory

Maandag - Vrydag: 8:30 - 4:00

TOEGANG Verwysings nodig van dokter of
 gemeenskaps werker
 Geen diensfooi
 Afspraak nodig

FOKUSKWESSIES

Rehabilitasie sentrum vir gemoedsversteurings; Ernstige
 Gemoedsversteurings; Akkomodasie program;

ONDERSTEUNINGSTRATEGIEË

Werkswinkels; Ondersteuningsgroepe; Saak hantering; Vaardighede
 besturing; Krisis hulplyn

MATIE GEMEENSKAPSDIENS**Tel. (021) 808 3638****Ou Loekhoff Skool, Banhoekweg, Stellenbosch****Maandag - Vrydag: 8:00 - 5:00**

TOEGANG Geen verwysings benodig
 Diensfooi slegs van toepassing op mediese klinieke
 Geen afspraak benodig
 Geen tuisbesoeke
 Werk in gemeenskap

FOKUSKWESSIES

Bemagtiging; Ernstige geestesversteurings; Regshulpkliniek;
 Werkskwessies; Mediese kwessies; Behuising; Opleiding van
 nie-professionele werkers

MOSAIC**Tel. (021) 434 7596 / (021) 864 1596****Worcesterweg 1A, Seepunt / Mbekweni (Paarl)****Maandag – Vrydag: 9:30 - 5:30**

TOEGANG Geen verwysings benodig
 Geen diensfooi
 Afspraak benodig
 Geen tuisbesoeke
 Werk in gemeenskap

FOKUSKWESSIES

Mishandeling; Bemagtiging; Geweld; Gemoedsversteurings;
 Psigotiesesteurings

ONDERSTEUNINGSTRATEGIEË

Individuele en groepsterapie; Besprekingsgroepe; Werkswinkels;
 Ondersteuningsgroepe; Krisisintervensie; Regsbystand; Verwysings;
 Opleiding van nie-professionele werkers

TRAUMA CENTRE FOR SURVIVORS OF VIOLENCE AND TORTURE**Tel. (021) 465 7373****Chapelstraat 126, Woodstock****Maandag - Vrydag: 8:30 - 4:30****Ontlonting na ure****Antwoord apparaat vir na ure**

TOEGANG Geen verwysings benodig
 Diensfooi alleenlik vir persone met mediese fondse /
 kan bekostig om te betaal
 Afspraak benodig
 Tuisbesoeke aangebied in sekere omstandighede

FOKUSKWESSIES

Post Traumatiese Stress Versteuring as gevolg van geweld (nie huislike
 geweld, mishandelende verhoudings, van fisiese en seksuele
 mishandeling / molestering).

ONDERSTEUNINGSTRATEGIEË

Individuele terapie; Groepsterapie; Werkswinkels;
 Ondersteuningsgroepe; Krisisintervensie; Verwysings; Opleiding van nie-
 professionele werkers

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GESONDHEID

CENTRE FOR INTEGRATED RURAL DEVELOPMENT

Tel. (021) 887 6870

Oude Libertasstraat 6, Stellenbosch

Maandag - Vrydag: 9:00 - 5:00

TOEGANG Geen verwysings benodig
R75 vir hele gemeenskap
Werk in gemeenskap

FOKUSKWESSIES

Bemagtiging; Voeding; Kind- en ouergesondheidskwessies; Mediese kwessies

ONDERSTEUNINGSTRATEGIEË

Besprekingsgroepe; Werkswinkels; Verwysings; Bewusmakingsveldtogte

DELTA OPLEIDING PROGRAM

Tel. (012) 448 8411

Scottweg 1, Observatory

Maandag - Vrydag: 8:30 - 4:30

TOEGANG Geen verwysings benodig
Diensfooi
Afspraak benodig
Geen tuisbesoeke
Werk in gemeenskappe

FOKUSKWESSIES

Bemagtiging; Mishandeling; Substansmisbruik; Regskwessies; Werkswessies; Behuising

ONDERSTEUNINGSTRATEGIEË

Besprekingsgroepe; Werkswinkels; Opleiding van nie-professionele werkers

HEALTH PROMOTION RESOURCE CENTRE

Tel. (021) 799 4224

Maynard Gebou, 4de vloer, Maynardweg, Wynberg

Maandag - Vrydag: 7:30 - 4:00

TOEGANG Geen verwysings benodig
Geen diensfooi
Geen afspraak benodig

FOKUSKWESSIES

Bemagtiging; Mishandeling; Eetversteurings; Kind- en ouerkwessies; Depressie; Angs; Substansmisbruik; Mediese kwessies

ONDERSTEUNINGSTRATEGIEË

Hulpbronsentrum

HOSPICE

Kaapstad: (021) 797 5335
Franschhoek: (021) 876 3053
Paarl: (021) 872 4060
Stellenbosch: (021) 8866825
Weskus (Tableview): (021) 557 8925
Maandag - Vrydag: 8:00 - 4:00

TOEGANG Geen verwysings benodig
 Geen diensfooï - bydraes welkom
 Geen afspraak benodig
 Tuisbesoeke
 Sommige takke bied sófg aan binnepasiente

FOKUSKWESSIES

Terminalesorg (medies); Berading (insluitend rouberading);
 Ongeskiktheidstoelae; Bemagtiging; Regshulp

ONDERSTEUNINGSTRATEGIEË

Individuele en gesinsberading; Mediese dienste; Regsbystand; Verligting
 en ondersteuningsorg; Opleiding van nie-professionele werkers

MAATSKAPLIKE WERKERS

Paarl Hospitaal (021) 872 1711
Stellenbosch Hospitaal (021) 887 0310
TC Newman Daghospitaal (Paarl) (021) 872 1711
Maandag - Vrydag: 7:30 - 4:00

TOEGANG Geen verwysings benodig
 Diensfooï
 Afspraak benodig
 Geen tuisbesoeke

FOKUSKWESSIES

Bemagtiging; Mishandeling; Gemoedsversteurings en
 psigotiesesteurings; Regeringstoelae en voordele; Huweliksprobleme;
 Terminasie van swangerskap / Aborsie

ONDERSTEUNINGSTRATEGIEË

Individuele terapie; Besprekingsgroepe; Ondersteuningsgroepe; Mediese
 dienste; Krisisintervensie; Verwysings

MARIE STOPES CLINIC

Tel. (021) 418 0560 Krisislyn 0800 117785
Fountain Mediese Sentrum, Kaapstad
Maandag - Saterdag: 8:30 - 4:30

TOEGANG Geen verwysing benodig
 R20 - Gesinsbeplanning
 R770 - R870 - Aborsie

FOKUSKWESSIES

Gesinsbeplanning; Onbeplande / onwelkome swangerskappe;
 Aborsies / Terminasie van swangerskap

ONDERSTEUNINGSTRATEGIEË

Individuele berading; Swangerskapstoetse; Voorbehoedmiddels;
 Sterilisasie; Papsmere

MATIE GEMEENSKAPSDIENS

Tel. (021) 808 3638
Ou Loekhoff Skool, Banhoekweg, Stellenbosch
Maandag - Vrydag: 8:00 - 5:00

TOEGANG Geen verwysings benodig
 Diensfooï slegs van toepassing op mediese
 klinieke
 Geen afspraak benodig
 Geen tuisbesoeke
 Werk in gemeenskap

FOKUSKWESSIES

Bemagtiging; Ernstige geestesversteurings; Regshulpkliniek;
 Werkswessies; Mediese kwessies; Behuising; Opleiding van nie-
 professionele werkers

NATIONAL ASSOCIATION OF PEOPLE LIVING WITH AIDS**Tel. (021) 637 2190****NY 108 – Uluntu Centre, Gugulethu****Maandag - Vrydag: 8:30 - 4:30**

TOEGANG Geen verwysings benodig
 Geen diensfooi
 Verkies afspraak
 Tuisbesoeke af en toe
 Bied nie oor die algemeen dienste in die Weskus /
 Wynland streek aan nie

FOKUSKWESSIES
HIV AIDS / VIGS

ONDERSTEUNINGSTRATEGIEË
 Individuele terapie; Werkswinkels; Verwysings; Bemagtiging;
 Regskwessies verwant aan HIV AIDS / VIGS; Werkswessies verwant
 aan HIV AIDS / VIGS; Regeringstoelae en voordele

**PLANNED PARENTHOOD ASSOCIATION OF
 SOUTH AFRICA**
Tel. (021) 448 7312**Ansonstraat 12, Observatory****Maandag - Donderdag: 8:00 - 4:30****Vrydag: 8:00 – 4:00**

TOEGANG Geen verwysings benodig
 Diensfooi - hang af van diens
 Afspraak benodig
 Tuisbesoeke

FOKUSKWESSIES
 Fisiese mishandeling; Reproductiewe gesondheid; Kind- en
 ouerkwessies; HIV AIDS/VIGS opleiding en voorkoming; Bemagtiging

ONDERSTEUNINGSTRATEGIEË
 Werkswinkels; Mediese dienste; Verwysings; Opleiding van beraders

SAPORETTI FOUNDATION**Tel. (021) 883 8600****Leliestraat, Idasvallei, Stellenbosch****Maandag - Saterdag: 9:00 - 6:00**

TOEGANG Geen verwysings benodig
 Diensfooi: vervoer kostes
 Afspraak benodig
 Tuisbesoeke

FOKUSKWESSIES
 Voorkoming en opvoeding in voeding; Dwelm en alkohol misbruik - maak
 gebruik van Holistiese benadering; Bemagtiging

ONDERSTEUNINGSTRATEGIEË
 Individuele berading; Besprekingsgroepe; Ondersteuningsgroepe;
 Krisisintervensie; Verwysings; Bewusmakingsveldtogte; Gemeenskap
 dienste vir gemeenskap opreiming

SUID AFRIKAANSE ROOI KRUIS VERENIGING
Tel. (021) 797 5360**Broadweg 21, Wynberg****Maandag - Vrydag: 8:30 – 4:30**

TOEGANG Geen verwysings benodig
 Diensfooi slegs vir nood hulp
 Verkies afspraak
 Tuisbesoeke

FOKUSKWESSIES
 Bemagtiging; Behuising; Mediese kwessies; Rampverligting;
 Konflikoplossing

ONDERSTEUNINGSTRATEGIEË
 Werkswinkels; Krisisintervensie; Verwysings

SWEAT (Sex Worker Education and Advocacy Taskforce)**Tel. (021) 448 7875****Community House, Salt Riverweg 21, Salt River****Maandag – Vrydag: 9:00 – 4:30**

TOEGANG Geen verwysings benodig
 Geen diensfooi
 Afspraak benodig

FOKUSKWESSIONS

Mishandeling; Substansmisbruik; RegskweSSIONS; Mediese kweSSIONS;
 Bemagtiging

ONDERSTEUNINGSTRATEGIEË

Individuele terapie; Besprekingsgroepe; Werkswinkels; Regshulp;
 Verwysings; Opleiding van nie-professionele werkers

VROU IN NOOD**Tel. (021) 425 2095****Somersetstraat 37A, Groenpunt****Maandag - Vrydag: 9:00 - 5:00**

TOEGANG Geen verwysings benodig
 Geen diensfooi
 Verkies afspraak
 Geen tuisbesoeke

FOKUSKWESSIONS

Bemagtiging en opleiding van nie-professionele werkers, hawelose vroue
 en hul kinders, in die SBD distrik

ONDERSTEUNINGSTRATEGIEË

Regeringstoelae en voordele; Behuising; Besprekingsgroepe;
 Werkswinkels; Verwysings; Opleiding van nie-professionele werkers

WOMEN OUTREACH**Tel. (021) 883 8600 / (021) 889 6999 / 082 859 4761****Stellenbosch Hydro, Dennesig, Paarl****Maandag - Vrydag: 8:00 - 5:00**

TOEGANG Geen verwysings benodig
 Diensfooi
 Afspraak benodig
 Tuisbesoeke

FOKUSKWESSIONS

Bemagtiging; Tuisbestuurvaardighede; Lewensvaardighede;
 Besigheidsvaardighede; Gesinsbeplanning

ONDERSTEUNINGSTRATEGIEË

Besprekingsgroepe; Opvoedkundigegroepe; Tien week opleidingskursus

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HUWELIKS KWESSIES

ACVV

Franschhoek (021) 876 2670
Malmesbury (022) 482 2245
Moorreesburg (022) 433 1109
Paarl (021) 872 2738
Piketberg (0261) 31 525
Porterville (022) 931 2789
Riebeeck-Kasteel (022) 488 784
Stellenbosch (021) 883 3016 / 887 4774
Vredenburg (022) 713 2307
Wellington (021) 873 2204
Maandag – Vrydag: 7:45 – 4:30

TOEGANG Geen verwysings benodig
 Geen diensfooi
 Afspraak verkies
 Tuisbesoeke

FOKUSKWESSIES

Bemagtiging; Mishandeling; Kind- en ouerkwessies; Depressie; Angs;
 Substansmisbruik; Werkskwessies; Finansiële kwessies;
 Regeringstoelae en voordele; Huwelikskwessies

ONDERSTEUNINGSTRATEGIEË

Individuele en groepsterapie; Besprekingsgroepe; Werkswinkels;
 Krisisintervensie; Opleiding van nie-professionele werkers

AL ANON / AL ATEEN

Tel. (021) 418 0021 (Kaapstad kantoor: 24 uur)

Maandag - Vrydag: 9:00 -1:00nm (groep vergaderings na ure)

TOEGANG Geen verwysing benodig
 Geen diensfooi
 Geen afspraak benodig
 Werk in gemeenskap

FOKUSKWESSIES

Bemagtiging van families van wie 'n lid 'n dwelm en alkohol misbruiker is

ONDERSTEUNINGSTRATEGIEË

Selfhulp groepe; Opleiding van nie-professionele werkers

CATHOLIC WELFARE DEVELOPMENT
Tel. (021) 931 5331
St Dominicweg, Matroosfontein
Maandag – Donderdag: 9:00 – 4:30
Vrydag: 9:00 – 3:30

TOEGANG Geen verwysings benodig
 Geen diensfooi
 Afspraak benodig
 Tuisbesoeke

FOKUSKWESSIES

Bemagtiging; Mishandeling; Kind- en ouerkwessies; Huwelikskwessies;
 Regskwessies; Opvoeding en opleiding vir volwassenes

ONDERSTEUNINGSTRATEGIEË

Besprekingsgroepe; Ondersteuningsgroepe; Werkswinkels; Verwysings;
 Bewusmakingveldtogte; Opleiding van nie-professionele werkers

CMR
Clanwilliam (027) 482 1620
Vanrhynsdorp (027) 219 1926
Vredenburg (022) 713 1668
Maandag – Vrydag: 9:00 – 4:00

TOEGANG Geen verwysings benodig
 Geen diensfooi
 Afspraak benodig
 Tuisbesoeke

FOKUSKWESSIES

Bemagtiging; Mishandeling; Kind- en ouerkwessies;
 Geestesversteurings; Substansmisbruik; Finansiële kwessies; Behuising;
 Huwelikskwessies

ONDERSTEUNINGSTRATEGIEË

Individuele en groepsterapie; Besprekingsgroepe;
 Ondersteuningsgroepe; Krisisintervensie; Verwysings;
 Bewusmakingsveldtogte; Opleiding van nie-professionele werkers

DE NOVO
Tel. (021) 988 1138
Ou Paarlpad, Kraaifontein
Maandag - Vrydag: 7:45 - 4:00

TOEGANG Verwysings benodig via maatskaplike werker
 Diensfooi: R1 per dag indien moontlik
 Afspraak benodig
 Tuisbesoeke

FOKUSKWESSIES

Bemagtiging; Kind- en ouerkwessies; Alle Substansmisbruik;
 Regsinterdikte; Regeringstoelae en voordele; Mediese kwessies;
 Huweliksprobleme

ONDERSTEUNINGSTRATEGIEË

Individuele terapie; Groepsterapie; Besprekingsgroepe;
 Werkswinkels; Seminare; Ondersteuningsgroepe; Mediese dienste;
 Krisisintervensie; Regshulp; Verwysings; Opvoedingsgroepe;
 Bewusmakingsveldtogte; Binne-pasient dienste

FAMSA
Tel. (021) 592 2063
Voortrekkerweg 77, Goodwood
Maandag - Vrydag: 9:00 – laaste patiënt

TOEGANG Geen verwysings benodig
 Diensfooi - glyskaal
 Afspraak benodig

FOKUSKWESSIES

Bemagtiging; Mishandeling; Kind- en ouerkwessies; Depressie; Angs;
 Huweliksprobleme; Enige verhoudingskwessies

ONDERSTEUNINGSTRATEGIEË

Individuele terapie; Groepsterapie; Besprekingsgroepe; Werkswinkels;
 Ondersteuningsgroepe; Verwysings; Opvoedingsgroepe;
 Bewusmakingsveldtogte; Opleiding van nie-professionele werkers

HUWELIKS KEWSSIES

Stellenbosch University <http://scholar.sun.ac.za>

SAFELINE

Tel. (021) 638 1155 / 6

Krisislyn: (021) 426 1100

Bellmoerrylaan 2, Penlyn Estate, Kaapstad

Maandag - Donderdag: 8:30 - 4:30

Vrydag: 8:30 - 3:30

TOEGANG Geen verwysings benodig
Geen diensfooi
Afspraak benodig
Tuisbesoeke

FOKUSKWESSIONS

Seksuelemisbruik / molestering; Kind- en ouerkweSSIONS; Na-aborsie
depressie; Huweliksprobleme; Krisisswangerskap; Bemagtiging

ONDERSTEUNINGSTRATEGIEË

Individuele terapie; Groepsterapie; Besprekingsgroepe; Werkswinkels;
Seminare; Krisisintervensie; Verwysings; Bewusmakingsveldtogte;
Opleiding van nie-professionele werkers

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HIV / VIGS / AIDS

AGAPÉ

Tel. (021) 862 0672

TC Newman Hospitaal (Paarl)

Maandag - Vrydag: 9:00 - 1:00

TOEGANG Geen verwysings benodig
Geen diensfooi
Geen afspraak benodig
Tuisbesoeke

FOKUSKWESSIONS

HIV AIDS / VIGS; Bemagtiging; Berading, insluitend rou en verlies;
Verwante mediese kweSSIONS; Voorspraak

ONDERSTEUNINGSTRATEGIEË

Individuele ondersteuning en berading; Werkswinkels; Ma en baba
ondersteuningsgroepe; Tuissorg; Opleiding van beraders in gemeenskap

SENTRUM VIR STUDENTE VOORLIGTING EN ONTWIKKELING**Tel. (021) 808 2903 / 4706****Victoriastraat, Stellenbosch****Maandag – Vrydag: 9:00 – 4:00****TOEGANG** Studente aan die Universiteit van Stellenbosch alleenlik**FOKUSKWESSIES**

Mishandeling; Eet versteurings; Kind- en ouerkwessies; Depressie; Angs; Substansmisbruik

ONDERSTEUNINGSTRATEGIEË

Individuele terapie; Krisisintervensie

HOSPICE**Kaapstad:** (021) 797 5335**Franschhoek:** (021) 876 3053**Paarl:** (021) 872 4060**Stellenbosch:** (021) 8866825**Weskus (Tableview):** (021) 567 8925**Maandag - Vrydag: 8:00 - 4:00****TOEGANG** Geen verwysings benodig
Geen diensfooi - bydraes welkom
Geen afspraak benodig
Tuisbesoeke
Sommige takke bied sorg aan binnepasiënte
Geen diensfooi**FOKUSKWESSIES**

Terminalesorg (medies); Berading (insluitend rouberading); Ongeskiktheidstoelae; Bemagtiging; Regshulp

ONDERSTEUNINGSTRATEGIEË

Individuele en gesinsberading; Mediese dienste; Regsbystand; Verligting en ondersteuningsorg; Opleiding van nie-professionele werkers

NATIONAL ASSOCIATION OF PEOPLE LIVING WITH AIDS**Tel. (021) 637 2190****NY 108 – Uluntu Centre; Gugulethu****Maandag - Vrydag: 8:30 - 4:30****TOEGANG** Geen verwysings benodig
Geen diensfooi
Verkies afspraak
Tuisbesoeke af en toe
Bied nie oor die algemeen dienste in die Weskus / Wynland streek aan nie**FOKUSKWESSIES****HIV AIDS / VIGS****ONDERSTEUNINGSTRATEGIEË**

Individuele terapie; Werkswinkels; Verwysings; Bemagtiging; Regskwessies verwant aan HIV AIDS / VIGS; Werkskwessies verwant aan HIV AIDS / VIGS; Regeringstoelae en voordele

PLANNED PARENTHOOD ASSOCIATION OF SOUTH AFRICA**Tel. (021) 448 7312****Ansonstraat 12; Observatory****Maandag - Donderdag: 8:00 - 4:30****Vrydag: 8:00 – 4:00****TOEGANG** Geen verwysings benodig
Diensfooi - afhangend van diens
Afspraak benodig
Tuisbesoeke**FOKUSKWESSIES**

Fisiese mishandeling; Reproductiewe gesondheid; Kind- en ouerkwessies; HIV AIDS/VIGS opleiding en voorkoming; Bemagtiging

ONDERSTEUNINGSTRATEGIEË

Werkswinkels; Mediese dienste; Verwysings; Opleiding van beraders

HIV / VIGS / AIDS

TRIANGLE PROJECT

Tel. (021) 448 3821

Krisislyn: 422 2600

Salt Riverweg 21; Salt River

Maandag - Vrydag: 1:00 - 5:00

Saterdag / Sondag: 9:00 - 1:00

TOEGANG Geen verwysings benodig
 Diensfooi - gelykaal
 Afspraak benodig

FOKUSKWESSIES

Homoseksuele en biseksuele bemagtiging; Depressie; Angs; Mediese kwessies

ONDERSTEUNINGSTRATEGIEË

Individuele terapie; Groepsterapie; Ondersteuningstrategieë; Mediese dienste; Krisisintervensie; Verwysings; Opleiding van nie-professionele werkers

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KRISSISSWANGERSKAP

ACWV

Franschhoek	(021) 876 2670
Malmesbury	(022) 482 2246
Moorreesburg	(022) 433 1109
Paarl	(021) 872 2738
Piketberg	(0261) 31 525
Porterville	(022) 931 2789
Riebeeck-Kasteel	(022) 488 784
Stellenbosch	(021) 883 3016 / 887 4774
Vredenburg	(022) 713 2307
Wellington	(021) 873 2204
Maandag – Vrydag: 7:45 – 4:30	

TOEGANG Geen verwysings benodig
 Geen diensfooi
 Afspraak verkies
 Tuisbesoeke

FOKUSKWESSIES

Bemagtiging; Mishandeling; Kind- en ouerkwessies; Depressie; Angs;
 Substansmisbruik; Werkskwessies; Finansiële kwessies;
 Regeringstoelae en voordele; Huwelikskwessies

ONDERSTEUNINGSTRATEGIEË

Individuele en groepsterapie; Besprekingsgroepe; Werkswinkels;
 Krisisintervensie; Opleiding van nie-professionele werkers

SENTRUM VIR STUDENTE VOORLIGTING EN ONTWIKKELING

Tel. (021) 808 2903 / 4706

Victoriastraat, Stellenbosch

Maandag – Vrydag: 9:00 – 4:00

TOEGANG Studente aan die Universiteit van Stellenbosch alleenlik

FOKUSKWESSIES

Mishandeling; Eet versteurings; Kind- en ouerkwessies; Depressie;
 Angs; Substansmisbruik

ONDERSTEUNINGSTRATEGIEË

Individuele terapie; Krisisintervensie

CHOICES

Tel. (021) 852 6454

Skapenbergweg, Somersetwes

Maandag , Woensdag, Vrydag: 9:00 - 12:30

Dinsdag: 5 – 7nm

TOEGANG Geen verwysings benodig
 Geen diensfooi
 Geen afspraak benodig
 Geen tuisbesoeke

FOKUSKWESSIES

Krisisswangerskap; Na-aborsieberading

ONDERSTEUNINGSTRATEGIEË

Individuele berading; Swangerskapstoetse; Krisisintervensie;
 Verwysings; Aanneming berading; Geen aborsies beskikbaar

MAGDALENA HUIS

Tel. (021) 948 3637

Salisburystraat 68, Boston, Bellville

Maandag - Vrydag: 9:00 - 5:00

TOEGANG Verwysings benodig
 R400 per maand
 Geen afspraak benodig

FOKUSKWESSIES

Krisisswangerskap; Skuiling; Depressie; Angs; Mediese kwessies;
 Kind- en ouerkwessies

ONDERSTEUNINGSTRATEGIEË

Individuele terapie; Groepsterapie; Ondersteuningstrategieë; Mediese
 advies; Regsadvies

MARIE STOPES CLINIC**Tel. (021) 418 0660 Krisislyn 0800 117785****Fountain Mediese Sentrum, Kaapstad****Maandag – Saterdag: 8:30 – 4:30**

TOEGANG Geen verwysing benodig
 R20 - Gesinsbeplanning
 R770 - R870 - Aborsie

FOKUSKWESSIES

Gesinsbeplanning; Onbeplande / onwelkome swangerskappe; Aborsies/
 Terminasie van swangerskap

ONDERSTEUNINGSTRATEGIEË

Individuele berading; Swangerskapstoetse; Voorbehoedmiddels;
 Sterilisasie; Papsmere

OPTIONS**Tel. (021) 592 2183 Krisislyn: (021) 418 4616 / 082 435 5632****Bravington Villa, Wienerstraat 7, Goodwood****24 uur diens****Maandag – Vrydag: 8:30 – 4:30**

TOEGANG Geen verwysings benodig
 Geen diensfooi
 Verkies afspraak

FOKUSKWESSIES

Krisisswangerskap; Aanneming; Pleegsorg; Na aborsiesorg;
 Probleme met seksualiteit

ONDERSTEUNINGSTRATEGIEË

Individuele terapie; Groepsterapie; Krisisintervensie; Verwysings;
 Opvoedingsgroepe; Bewusmakingsveldtogte; Opleiding van nie-
 professionele werkers

**PLANNED PARENTHOOD ASSOCIATION OF
SOUTH AFRICA****Tel. (021) 448 7312****Ansonstraat 12, Observatory****Maandag - Donderdag: 8:00 - 4:30****Vrydag: 8:00 – 4:00**

TOEGANG Geen verwysings benodig
 Diensfooi - afhangend van diens
 Afspraak benodig
 Tuisbesoeke

FOKUSKWESSIES

Fisiese mishandeling; Reproductiewe gesondheid; Kind- en
 ouerkwessies; HIV AIDS/VIGS opleiding en voorkoming; Bemagtiging

ONDERSTEUNINGSTRATEGIEË

Werkswinkels; Mediese dienste; Verwysings; Opleiding van beraders

PREGNANCY HELP CENTRE**Tel. (021) 797 0050 Krisislyn: (021) 468 7275****Medical Mews 101, Churchstraat 46, Wynberg****Maandag - Donderdag: 9:00 - 4:30****Vrydag: 9:00 - 3:00****(Maak nie regtig voorsiening vir die Weskus / Wynland streek
nie)**

TOEGANG Geen verwysings benodig
 Geen diensfooi
 Geen afspraak benodig
 Geen tuisbesoeke
 Trein na Wynberg stasie

FOKUSKWESSIES

Krisisswangerskap; Voor- en na-aborsieberading; Seksuele misbruik /
 molestering; Kind- en ouerkwessies; Onderhoud; Kinderverwante
 Regeringstoelae en voordele; Verwante mediese kwessies

ONDERSTEUNINGSTRATEGIEË

Individuele en groepsberading; Na-aborsie ondersteuningsgroepe;
Voorgeboortelike voorbereiding; Krisisintervensie; Opleiding van nie-professionele werkers

RAPE CRISIS STELLENBOSCH**082 850 0090****24 uur diens**

TOEGANG Geen verwysings benodig
Geen diensfooi
Geen afspraak benodig
Tuisbesoeke

FOKUSKWESSIES

Fisiese- en seksuele misbruik / molestering

ONDERSTEUNINGSTRATEGIEË

Krisisintervensie; Verwante mediese dienste; Verwysings; Opleiding van nie-professionele werkers - diensfooi

SAFELINE**Tel. (021) 638 1155 / 6 Krisislyn: (021) 426 1100****Bellmoerrylaan 2, Penlyn Estate, Kaapstad****Maandag - Donderdag: 8:30 - 4:30****Vrydag: 8:30 – 3:30**

TOEGANG Geen verwysings benodig
Geen diensfooi
Afspraak benodig
Tuisbesoeke

FOKUSKWESSIES

Seksuele misbruik / molestering; Kind- en ouerkwessies; Na-aborsie depressie; Huweliksprobleme; Krisisswangerskap; Bemagtiging

ONDERSTEUNINGSTRATEGIEË

Individuele terapie; Groepsterapie; Besprekingsgroepe; Werkswinkels; Seminare; Krisisintervensie; Verwysings; Bewusmakingsveldtogte; Opleiding van nie-professionele werkers

SISTERS INCORPORATED**Tel. (021) 797 4190****Ascotweg 32, Kenilworth****Maandag - Vrydag: 8:00 - 5:00****Maatskaplike Werker: 8:30 – 1:00**

TOEGANG Geen verwysings benodig
R400 per maand indien moontlik
Afspraak benodig

FOKUSKWESSIES

Krisisswangerskappe; Skuiling; Bemagtiging; Mishandeling; Eetsteurings; Depressie; Angs; Substansmisbruik; Regskwessies; Finansiële probleme; Regeringstoelae en voordele

ONDERSTEUNINGSTRATEGIEË

Individuele terapie; Groepsterapie; Besprekingsgroepe; Krisisintervensie; Ondersteuningsgroepe; Regsbystand; Opvoedingsgroepe; Bewusmakingsveldtogte

ST ANNE'S HOME
Tel. (021) 448 6792 / (021) 488 8513
Balfourweg 48, Woodstock
Maandag - Vrydag: 9:00 - 4:00
TOEGANG R60 per Maand
Afspraak benodig

FOKUSKWESSIES

 Bemagtiging; Mishandeling; Kind- en ouerkwessies; Depressie; Angs;
 Regsbystand; Werkskwessies; Mediese kwessies

ONDERSTEUNINGSTRATEGIEË

 Individuele berading; Groepsberading; Werkswinkels;
 Ondersteuningsgroepe; Mediese dienste; Krisisintervensie;
 Verwysings

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ACVV

Franschhoek (021) 876 2670
Malmesbury (022) 482 2245
Moorreesburg (022) 433 1109
Paarl (021) 872 2738
Piketberg (0261) 31 525
Porterville (022) 931 2789
Riebeeck-Kasteel (022) 488 784
Stellenbosch (021) 883 3015 / 887 4774
Vredenburg (022) 713 2307
Wellington (021) 873 2204
Maandag – Vrydag: 7:45 – 4:30

TOEGANG Geen verwysings benodig
 Geen diensfooi
 Afspraak verkies
 Tuisbesoeke

FOKUSKWESSIONES

Bemagtiging; Mishandeling; Kind- en ouerkweessiones; Depressie; Angs;
 Substansmisbruik; Werkskweessiones; Finansiële kweessiones;
 Regeringstoelae en voordele; Huwelikskweessiones

ONDERSTEUNINGSTRATEGIEË

Individuele en groepsterapie; Besprekingsgroepe; Werkswinkels;
 Krisisintervensie; Opleiding van nie-professionele werkers

SENTRUM VIR STUDENTE VOORLIGTING EN ONTWIKKELING

Tel. (021) 808 2903 / 4706

Victoriastraat, Stellenbosch

Maandag – Vrydag: 9:00 – 4:00

TOEGANG Studente aan die Universiteit van Stellenbosch alleenlik

FOKUSKWESSIONES

Mishandeling; Eet verstourings; Kind- en ouerkweessiones; Depressie;
 Angs; Substansmisbruik

ONDERSTEUNINGSTRATEGIEË

Individuele terapie; Krisisintervensie

CATHOLIC WELFARE DEVELOPMENT

Tel. (021) 931 5331

St Dominicweg, Matroosfontein

Maandag – Donderdag: 9:00 – 4:30

Vrydag: 9:00 – 3:30

TOEGANG Geen verwysings benodig
 Geen diensfooi
 Afspraak benodig
 Tuisbesoeke

FOKUSKWESSIONES

Bemagtiging; Mishandeling; Kind- en ouerkweessiones; Huwelikskweessiones;
 Regskweessiones; Opvoeding en opleiding vir volwassenes

ONDERSTEUNINGSTRATEGIEË

Besprekingsgroepe; Ondersteuningsgroepe; Werkswinkels; Verwysings;
 Bewusmakingveldtogte; Opleiding van nie-professionele werkers

CMR

Clanwilliam (027) 482 1620

Vanrhynsdorp (027) 219 1926

Vredenburg (022) 713 1668

Maandag – Vrydag: 9:00 – 4:00

TOEGANG Geen verwysings benodig
 Geen diensfooi
 Afspraak benodig
 Tuisbesoeke

FOKUSKWESSIONES

Bemagtiging; Mishandeling; Kind- ouerkweessiones; Geestesverstourings;
 Substansmisbruik; Finansiële kweessiones; Behuising; Huwelikskweessiones

ONDERSTEUNINGSTRATEGIEË

Individuele en groepsterapie; Besprekingsgroepe;
 Ondersteuningsgroepe; Krisisintervensie; Verwysings;
 Bewusmakingsveldtogte; Opleiding van nie-professionele werkers

MISHANDELING

DELTA OPLEIDING PROGRAM

Tel. (021) 448 8411

Scottweg 1, Observatory

Maandag - Vrydag: 8:30 - 4:30

TOEGANG Geen verwysings benodig
 Diensfooi
 Afspraak benodig
 Geen tuisbesoeke
 Werk in gemeenskappe

FOKUSKWESSIES

Substansmisbruik; Bemagtiging; Mishandeling; Regskwessies;
 Werkskwessies; Behuising

ONDERSTEUNINGSTRATEGIEË

Besprekingsgroepe; Werkswinkels; Opleiding van nie-professionele werkers

DEPARTEMENT VAN GESONDHEID

Sien Bylae A

Maandag - Vrydag: 7:30 - 4:00

TOEGANG Verwysings benodig
 Geen diensfooi
 Afspraak benodig
 Tuisbesoeke
 Werk in gemeenskap

FOKUSKWESSIES

Bemagtiging; Mishandeling; Kind- en ouerkwessies; Depressie; Angs;
 Ernstige geestesteurings; Substansmisbruik; Psigotiese verstuurings;
 Regeringstoelae en voordele; Primêre gesondheidsorg - mediese kwessies

ONDERSTEUNINGSTRATEGIEË

Groepsterapie; Besprekingsgroepe; Werkswinkels; Ondersteuningsgroepe;
 Krisisintervensie; Verwysings; Psigo-opleidingsgroepe;
 Bewusmakingsveldtogte; Opleiding van nie-professionele werkers

MISHANDELING

FAMSA

Tel. (021) 692 2063

Voortrekkerweg 77, Goodwood

Maandag - Vrydag: 9:00 - laaste pasiënt

TOEGANG Geen verwysings benodig
 Diensfooi - glyskaal
 Afspraak benodig

FOKUSKWESSIES

Bemagtiging; Mishandeling; Kind- en ouerkwessies; Depressie;
 Angs; Huweliksprobleme; Enige verhoudingskwessies

ONDERSTEUNINGSTRATEGIEË

Individuele terapie; Groepsterapie; Besprekingsgroepe; Werkswinkels;
 Ondersteuningsgroepe; Verwysings; Opvoedingsgroepe;
 Bewusmakingsveldtogte; Opleiding van nie-professionele werkers

HEALTH PROMOTION RESOURCE CENTRE

Tel. (021) 799 4224

Maynard Gebou, 4de vloer, Maynardweg, Wynberg

Maandag - Vrydag: 7:30 - 4:00

TOEGANG Geen verwysings benodig
 Geen diensfooi
 Geen afspraak benodig

FOKUSKWESSIES

Bemagtiging; Mishandeling; Eetversteurings; Kind- en ouerkwessies;
 Depressie; Angs; Substansmisbruik; Mediese kwessies

ONDERSTEUNINGSTRATEGIEË

Hulpbronsentrum

KINDER- EN GESINSORGVERENIGING

Lambertsbaai (027) 432 2639
Paarl (021) 862 6182
Stellenbosch (021) 887 2816
Maandag - Vrydag: 8:00 - 4:00

TOEGANG Geen verwysing benodig
 Geen diensfooi
 Afspraak benodig
 Tuisbesoeke
 Werk in gemeenskap

FOKUSKWESSIES

Kind- en ouerkwessies; Bemagtiging; Mishandeling

ONDERSTEUNINGSTRATEGIEË

Individuele en groepsterapie; Besprekingsgroepe; Werkswinkels;
 Ondersteuningsgroepe; Krisisintervensie; Verwysings;
 Bewusmakingsveldtogte; Opleiding van nie-professionele werkers

KINDERMOLESTERING

Suid Afrikaanse Polisie Dienste
24 Uur diens

TOEGANG Geen verwysings benodig
 Geen diensfooi
 Geen afspraak benodig

FOKUSKWESSIES

Mishandeling; Kind- en ouerkwessies; Substansmisbruik; Regskwessies;
 Werkskwessies; Huweliksprobleme

ONDERSTEUNINGSTRATEGIEË

Individuele terapie; Groepsterapie; Besprekingsgroepe; Werkswinkels;
 Seminare; Ondersteuningsgroepe; Krisisintervensie; Verwysings;
 Bewusmakingsveldtogte; Opleiding van nie-professionele werkers

MAATSKAPLIKE WERKERS

Paarl Hospitaal (021) 872 1711
Stellenbosch Hospitaal (021) 887 0310
TC Newman Daghospitaal (Paarl) (021) 872 1711
Maandag - Vrydag: 7:30 – 4:00

TOEGANG Geen verwysings benodig
 Diensfooi
 Afspraak benodig
 Geen tuisbesoeke

FOKUSKWESSIES

Bemagtiging; Mishandeling; Gemoedsversteurings en psigo-
 tiesesteurings; Regeringstoelae en voordele; Huweliksprobleme;
 Terminasie van swangerskap / Aborsie

ONDERSTEUNINGSTRATEGIEË

Individuele terapie; Besprekingsgroepe; Ondersteuningsgroepe;
 Mediese dienste; Krisisintervensie; Verwysings

MOSAIC

Tel. (021) 434 7596 / (021) 864 1596
Worcesterweg 1A, Seepunt / Mbekweni (Paarl)
Maandag – Vrydag: 9:30 - 5:30

TOEGANG Geen verwysings benodig
 Geen diensfooi
 Afspraak benodig
 Geen tuisbesoeke
 Werk in gemeenskap

FOKUSKWESSIES

Mishandeling; Bemagtiging; Geweld; Gemoedsversteurings;
 Psigotiesesteurings

ONDERSTEUNINGSTRATEGIEË

Individuele en groepsterapie; Besprekingsgroepe; Werkswinkels;
 Ondersteuningsgroepe; Krisisintervensie; Regsbystand; Verwysings;
 Opleiding van nie-professionele werkers

NICRO - STELLENBOSCH**Geen Telefoon****NG Kerk Cloetesville, Stellenbosch****Woensdae: 10:30 - 3:00**

TOEGANG Geen verwysings benodig
 Geen diensfooi
 Geen afspraak benodig
 Geen tuisbesoeke

FOKUSKWESSIES

Mishandeling; Regskwessies; Verwysings vir Regeringstoelae en voordele; Huweliksprobleme

ONDERSTEUNINGSTRATEGIEË

Individuele en groepsberading; Besprekingsgroepe; Verwysings; Opleiding van nie-professionele werkers

SAFELINE**Tel. (021) 638 1155 / 6 Krisislyn: (021) 426 1100****Bellmoerrylaan 2, Penlyn Estate, Kaapstad****Maandag - Donderdag: 8:30 - 4:30****Vrydag: 8:30 - 3:30**

TOEGANG Geen verwysings benodig
 Geen diensfooi
 Afspraak benodig
 Tuisbesoeke

FOKUSKWESSIES

Seksuele misbruik / molestering; Kind- en ouerkwessies; Na-aborsie depressie; Huweliksprobleme; Krisiswangerskap; Bemagtiging

ONDERSTEUNINGSTRATEGIEË

Individuele terapie; Groepsterapie; Besprekingsgroepe; Werkswinkels; Seminare; Krisisintervensie; Verwysings; Bewusmakingsveldtogte; Opleiding van nie-professionele werkers

SISTERS INCORPORATED**Tel. (021) 797 4190****Ascotweg 32, Kenilworth****Maandag - Vrydag: 8:00 - 5:00****Maatskaplike Werker: 8:30 - 1:00**

TOEGANG Geen verwysings benodig
 R400 per maand indien moontlik
 Afspraak benodig

FOKUSKWESSIES

Krisiswangerskappe; Skuiling; Bemagtiging; Mishandeling; Eetsteurings; Depressie; Angs; Substansmisbruik; Regskwessies; Finansiële probleme; Regeringstoelae en voordele

ONDERSTEUNINGSTRATEGIEË

Individuele terapie; Groepsterapie; Besprekingsgroepe; Ondersteuningsgroepe; Krisisintervensie; Regsbystand; Opvoedingsgroepe; Bewusmakingsveldtogte

ST ANNE'S HOME**Tel. (021) 448 6792 / 488 8513****Balfourweg 48, Woodstock****Maandag - Vrydag: 9:00 - 4:00**

TOEGANG R60 per Maand
 Afspraak benodig

FOKUSKWESSIES

Bemagtiging; Mishandeling; Kind- en ouerkwessies; Depressie; Angs; Regsbystand; Werkswinkels; Mediese kwessies

ONDERSTEUNINGSTRATEGIEË

Individuele berading; Groepsberading; Werkswinkels; Ondersteuningsgroepe; Mediese dienste; Krisisintervensie; Verwysings

SWEAT (Sex Worker Education and Advocacy Taskforce)
Tel. (021) 448 7875
Community House, Salt Riverweg 41, Salt River
Maandag – Vrydag: 9:00 – 4:30

TOEGANG Geen verwysings benodig
 Geen diensfooi
 Afspraak benodig

FOKUSKWESSIES

 Mishandeling; Substansmisbruik; Regskwessies; Mediese kwessies;
 Bemagtiging

ONDERSTEUNINGSTRATEGIEË

 Individuele terapie; Besprekingsgroepe; Werkswinkels; Regshulp;
 Verwysings; Opleiding van nie-professionele werkers

**WESTERN CAPE NETWORK ON VIOLENCE
 AGAINST WOMEN**
Tel. (021) 633 5287
**Saartjie Baartman Sentrum, Avalon Treatment Sentrum,
 Klipfonteinweg, Athlone**
Maandag – Vrydag: 8:30 – 4:30
FOKUSKWESSIES

 Bewerkstellig netwerk en koördineer diensverskaffers om die kwessie
 van geweld teenoor vroue te hanteer

ONDERSTEUNINGSTRATEGIEË

Vergaderings; Korrespondensie; Inligting voorsien; Voorspraak

WOMEN ON FARMS PROJECT
Tel. (021) 887 2960 / 1 / 2
Hertaweg 67, Stellenbosch
Maandag - Vrydag: 9:00 - 5:00

TOEGANG Geen verwysings benodig
 Geen diensfooi
 Afspraak benodig
 Tuisbesoeke
 Werk in gemeenskappe

FOKUSKWESSIES

 Ontwikkeling van kapasiteit / vermoë; Regskwessies; Bemagtiging;
 Fisiese mishandeling; Werkswinkels; Geletterdheid; Kinderonderhoud

ONDERSTEUNINGSTRATEGIEË

 Besprekingsgroepe; Werkswinkels; Seminare; Opleiding van nie-
 professionele werkers

TEIKENGROEP

Bolandse vroueplaaswerkers

WOMEN OUTREACH
Tel. (021) 883 8600 / (021) 889 6999 / 082 859 4761
Stellenbosch Hydro, Dennesig, Paarl
Maandag - Vrydag: 8:00 - 5:00

TOEGANG Geen verwysings benodig
 Diensfooi
 Afspraak benodig
 Tuisbesoeke

FOKUSKWESSIES

 Bemagtiging; Tuisbestuurvaardighede; Lewensvaardighede;
 Besigheidsvaardighede; Gesinsbeplanning

ONDERSTEUNINGSTRATEGIEË

Besprekingsgroepe; Opvoedkundigegroepe; Tien week opleidingskursus

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AA

Tel. (021) 418 0020 (Kaapstad sentrale kantoor)

Maandag - Vrydag: 9:00 - 5:00 (groep vergaderings na ure)

TOEGANG	Geen verwysings benodig
	Geen diensfooi
	Geen afspraak benodig
	Werk in gemeenskap

FOKUSKWESSIES

Alkohol en dwelm misbruik; Bemagtiging

ONDERSTEUNINGSTRATEGIEË

Ondersteuningsgroepe; Opleiding van nie-professionele werkers

AGAPÉ

Tel. (021) 862 0672

TC Newman Hospitaal (Paarl)

Maandag - Vrydag: 9:00 - 1:00

TOEGANG	Geen verwysings benodig
	Geen diensfooi
	Geen afspraak benodig
	Tuisbesoeke

FOKUSKWESSIES

HIV AIDS / VIGS; Bemagtiging; Berading, insluitend rou en verlies; Verwante mediese kwessies; Voorspraak

ONDERSTEUNINGSTRATEGIEË

Individuele ondersteuning en berading; Werkswinkels; Ma en baba ondersteuningsgroepe; Tuissorg; Opleiding van beraders in gemeenskap

AL ANON / AL ATEEN**Tel. (021) 418 0021 (Kaapstad kantoor)****Maandag - Vrydag: 9:00 - 1:00 nm (groep vergaderings ná ure)
24 uur**

TOEGANG Geen verwysing benodig
 Geen diensfooi
 Geen afspraak benodig
 Werk in gemeenskape

FOKUSKWESSIES

Bemagtiging van families waar 'n lid 'n dwelm en alkohol misbruiker is

ONDERSTEUNINGSTRATEGIEË

Selfhulp groepe; Opleiding van nie-professionele werkers

BERCHZICHT OPLEIDING SENTRUM**Tel. (021) 883 3525****Hoek van Birdweg en Merriman, Stellenbosch****Maandag - Vrydag: 8:00 - 4:00**

TOEGANG Keuringsproses
 Diensfooi
 Wagtydperk van drie Maande
 Geen tuisbesoeke

FOKUSKWESSIES

Werkskwessies; Opleiding; Bemagtiging

ONDERSTEUNINGSTRATEGIEËSkakeling oor werksverwantekwessies; Werksopleiding in tuisbestuur;
Educare; Sorg vir bejaardes; Geletterdheid**CENTRE FOR INTEGRATED RURAL DEVELOPMENT****Tel. (021) 887 6870****Oude Libertasstraat 6, Stellenbosch****Maandag - Vrydag: 9:00 - 5:00**

TOEGANG Geen verwysings benodig nie
 R75 vir hele gemeenskap
 Werk in gemeenskap

FOKUSKWESSIESBemagtiging; Voeding; Kind- en ouer gesondheidskwessies;
Mediese kwessies**ONDERSTEUNINGSTRATEGIEË**Besprekingsgroepe; Werkswinkels; Verwysings;
Bewusmakingsveldtogte**CHOICES****Tel. (021) 852 6454****Skapenbergweg, Somersetwes****Maandag, Woensdag, Vrydag: 09:00 - 12:30****Dinsdag: 5 - 7nm**

TOEGANG Geen verwysings benodig
 Geen diensfooi
 Geen afspraak benodig
 Geen tuisbesoeke

FOKUSKWESSIES

Krisisswangerskap; Na-aborsieberading

ONDERSTEUNINGSTRATEGIEËIndividueleberading; Swangerskaptoetse; Krisisintervensie; Verwysings;
Aannemingberading; Geen aborsies beskikbaar

COM CARE**Tel. (021) 448 0760/1****Valkenburg, Observatory****Oggende alleenlik**

TOEGANG Verwysing van dokter benodig
Aansoekvorm
R990 per maand
Afspraak benodig

FOKUSKWESSIES

Ernstige Gemoedsversteurings; Behuising

ONDERSTEUNINGSTRATEGIEËBehuising; Verleen hulp met die opstel van ander groepe;
Krisisintervensie - binne huise; Beperkte berading**DELTA OPLEIDING PROGRAM****Tel. (021) 448 8411****Scottweg 1, Observatory****Maandag - Vrydag: 8:30 - 4:30**

TOEGANG Geen verwysings benodig
Diensfooi
Afspraak benodig
Geen tuisbesoeke
Werk in gemeenskappe

FOKUSKWESSIESSubstansmisbruik; Bemagtiging; Mishandeling; Regskwessies;
Werkswessies; Behuising**ONDERSTEUNINGSTRATEGIEË**

Besprekingsgroepe; Werkswinkels; Opleiding van nie-professionele werkers

DEPARTEMENT VAN GESONDHEID**Sien Bylae A****Maandag - Vrydag: 7:30 – 4:00**

TOEGANG Verwysings benodig
Geen diensfooi
Afspraak benodig
Tuisbesoeke
Werk in gemeenskap

FOKUSKWESSIESBemagtiging; Mishandeling; Kind- en ouerkwessies; Depressie; Angs;
Ernstige geestesteurings; Substansmisbruik; Psigotiese versteurings;
Regeringstoelae en voordele; Primêre gesondheidsorg - mediese kwessies**ONDERSTEUNINGSTRATEGIEË**Groepsterapie; Besprekingsgroepe; Werkswinkels; Ondersteuningsgroepe;
Krisisintervensie; Verwysings; Psigo-opleidingsgroepe;
Bewusmakingsveldtogte; Opleiding van nie-professionele werkers**FAMSA****Tel. (021) 592 2063****Voortrekkerweg 77, Goodwood****Maandag - Vrydag: 9:00 – laaste patiënt**

TOEGANG Geen verwysings benodig
Diensfooi - gyskaal
Afspraak benodig

FOKUSKWESSIES

Enige verhoudingskwessies; Huweliksprobleme; Kind- en ouerkwessies; Bemagtiging; Mishandeling; Depressie; Angs

ONDERSTEUNINGSTRATEGIEËIndividuele terapie; Groepsterapie; Besprekingsgroepe; Werkswinkels;
Ondersteuningsgroepe; Verwysings; Opvoedingsgroepe;
Bewusmakingsveldtogte; Opleiding van nie-professionele werkers

HOSPICE

Kaapstad: (021) 797 5335
Franschhoek: (021) 876 3053
Paarl: (021) 872 4060
Stellenbosch: (021) 8866825
Weskus (Tableview): (021) 557 8925
Maandag - Vrydag: 8:00 - 4:00

TOEGANG Geen verwysings benodig
 Geen diensfooi - bydraes welkom
 Geen afspraak benodig
 Tuisbesoeke
 Sommige takke bied sorg aan binnepasiente
 Geen diensfooi

FOKUSKWESSIES

Terminalesorg (medies); Berading (insluitend rouberading);
 Ongeskiktheidstoelae; Bemagtiging; Regshulp

ONDERSTEUNINGSTRATEGIEË

Individuele en gesinsberading; Mediese dienste; Regsbystand; Verligting
 en ondersteuningsorg; Opleiding van nie-professionele werkers

KINDER-EN GESINSORGVERENIGING

Lambertsbaai (027) 432 2639
Paarl (021) 862 6182
Stellenbosch (021) 887 2816
Maandag - Vrydag: 8:00 - 4:00

TOEGANG Geen verwysing benodig
 Geen diensfooi
 Afspraak benodig
 Tuisbesoeke
 Werk in gemeenskap

FOKUSKWESSIES

Kind- en ouerkwessies; Bemagtiging; Mishandeling

ONDERSTEUNINGSTRATEGIEË

Individuele en groepsterapie; Besprekingsgroepe; Werkswinkels;
 Ondersteuningsgroepe; Krisisintervensie; Verwysings;
 Bewusmakingsveldtogte; Opleiding van nie-professionele werkers

KOINONIA

Tel. (021) 862 3705 / 862 7317
Klein Drakenstein 117, Paarl
Maandag - Vrydag: 9:00 - 5:00

TOEGANG Geen verwysings benodig
 Diensfooi vir rekenaarkursus
 Geen diensfooi vir lewensvaardighedekursus
 Afspraak benodig

FOKUSKWESSIES

Werkswkessies: Opleiding; Lewensvaardighede; Bemagtiging

ONDERSTEUNINGSTRATEGIEË

Besprekingsgroepe; Werkswinkels; Verwysings

LANOK

Tel. (021) 863 2935

Suider-Paarl

Maandag - Vrydag: 8:00 – 4:30

TOEGANG Geen verwysing benodig
Geen diensfooi
Afspraak benodig
Tuisbesoeke

FOKUSKWESSIES

Werkswessies; Finansiële kwessies; Bemagtiging

ONDERSTEUNINGSTRATEGIEË

Werkswinkels; Seminare; Opvoedingsgroepe; Opleiding van nie-professionele werkers – geletterdheid / lewensvaardighede / tegniese-en vakopleiding

TEIKENGROEP

Behoeftige gemeenskappe en individe in plattelandse- en stedelike randgebiede

LAWYERS FOR HUMAN RIGHTS

Tel. (021) 887 1003

Hoek van Molteno- en Birdstraat, Stellenbosch

Maandag – Donderdag: 8:30 – 5:00

Vrydag: 8:30 – 4:30

TOEGANG Geen verwysings benodig nie
Diensfooi
Afspraak benodig

FOKUSKWESSIES

Regskwessies; Bemagtiging; Fisiese mishandeling; Seksuele misbruik; Werkswessies; Regeringstoelae en voordele; Behuising

ONDERSTEUNINGSTRATEGIEË

Telefoniese advies; Werkswinkels; Seminare; Regsadvies; Verwysings; Ongekwalfiseerde regsopvoeding

LEGAL RESOURCES CENTRE

Tel. (021) 423 8285

Greenmarket Place, Shortmarketstraat 53, Kaapstad

Maandag - Vrydag: 8:30 - 4:45

TOEGANG Geen verwysings benodig nie
Diensfooi
Geen afspraak benodig nie

FOKUSKWESSIES

Regskwessies; Bemagtiging

ONDERSTEUNINGSTRATEGIEË

Werkswinkels; Regsadvies; Verwysings; Opleiding van werkers in gemeenskaps organisasies

MATIE GEMEENSKAPSDIENS

Tel. (021) 808 3638

Ou Loekhoff Skool, Banhoekweg, Stellenbosch

Maandag - Vrydag: 8:00 - 5:00

TOEGANG Geen verwysings benodig
Diensfooi slegs van toepassing op mediese klinieke
Geen afspraak benodig
Geen tuisbesoeke
Werk in gemeenskap

FOKUSKWESSIES

Bemagtiging; Ernstige geestesversteurings; Regshulpkliniek; Werkswessies; Mediese kwessies; Behuising; Opleiding van nie-professionele werkers

MOSAIC**Tel. (021) 434 7596 / (021) 864 1596****Worcesterweg 1A, Seepunt / Mbekweni (Paarl)****Maandag – Vrydag: 9:30 - 5:30**

TOEGANG Geen verwysings nodig
 Geen diensfooi
 Afspraak nodig
 Geen tuisbesoeke
 Werk in gemeenskap

FOKUSKWESSIONES

Mishandeling; Bemagtiging; Geweld; Gemoedsversteurings;
 Psigotiesesteurings

ONDERSTEUNINGSTRATEGIEË

Individuele en groepsterapie; Besprekingsgroepe; Werkswinkels;
 Ondersteuningsgroepe; Krisisintervensie; Regsbystand; Verwysings;
 Opleiding van nie-professionele werkers

NICRO - STELLENBOSCH**Geen Telefoon****NG Kerk Cloeteville, Stellenbosch****Woensdae: 10:30 - 3:00**

TOEGANG Geen verwysings nodig
 Geen diensfooi
 Geen afspraak nodig
 Geen tuisbesoeke

FOKUSKWESSIONES

Mishandeling; Regskweessiones; Verwysings vir Regeringstoelae en
 voordele; Huweliksprobleme

ONDERSTEUNINGSTRATEGIEË

Individuele en groepsberading; Besprekingsgroepe; Verwysings;
 Opleiding van nie-professionele werkers

OPTIONS**Tel. (021) 592 2183 Krisislyn: (021) 418 4616 / 082 435 5632****Bravington Villa, Wienerstraat 7, Goodwood****24 uur diens****Maandag – Vrydag: 8:30 – 4:30**

TOEGANG Geen verwysings nodig
 Geen diensfooi
 Verkies afspraak

FOKUSKWESSIONES

Krisiswangerskap; Aanneming; Pleegsorg; Na aborsiesorg;
 Probleme met seksualiteit

ONDERSTEUNINGSTRATEGIEË

Individuele terapie; Groepsterapie; Krisisintervensie; Verwysings;
 Opvoedingsgroepe; Bewusmakingsveldtogte; Opleiding van nie-
 professionele werkers

PLANNED PARENTHOOD ASSOCIATION OF SOUTH AFRICA**Tel. (021) 448 7312****12 Ansonstraat, Observatory****Maandag - Donderdag: 8:00 - 4:30****Vrydag: 8:00 – 4:00**

TOEGANG Geen verwysings nodig
 Diensfooi - afhangend van diens
 Afspraak nodig
 Tuisbesoeke

FOKUSKWESSIONES

Fisiese mishandeling; Reproductiewe gesondheid; Kind- en
 ouerkweessiones; HIV AIDS/VIGS opleiding en voorkoming; Bemagtiging

ONDERSTEUNINGSTRATEGIEË

Werkswinkels; Mediese dienste; Verwysings; Opleiding van beraders

PREGNANCY HELP CENTRE**Tel. (021) 797 0050 Krisislyn: (021) 468 7275****Medical Mews 101, Churchstraat 46, Wynberg****Maandag - Donderdag: 9:00 - 4:30****Vrydag: 9:00 - 3:00****(Maak nie regtig voorsiening vir die Weskus / Wynland streek nie)**

TOEGANG Geen verwysings benodig
 Geen diensfooi
 Geen afspraak benodig
 Geen tuisbesoeke
 Trein na Wynberg stasie

FOKUSKWESSIES

Krisisswangerskap; Voor- en na- aborsieberading; Seksuele misbruik /
 molestering; Kind- en ouerkwessies; Onderhoud; Kinderverwante
 Regeringstoelae- en voordele; Verwante mediese kwessies

ONDERSTEUNINGSTRATEGIEË

Individuele en groepsberading; Na-aborsie ondersteuningsgroepe;
 Voorgeboortelike voorbereiding; Krisisintervensie; Opleiding van nie-
 professionele werkers

RAPE CRISIS STELLENBOSCH**Tel. 082 860 0090****24 uur diens**

TOEGANG Geen verwysings benodig
 Geen diensfooi
 Geen afspraak benodig
 Tuisbesoeke

FOKUSKWESSIES

Fisiese- en seksuele misbruik / molestering

ONDERSTEUNINGSTRATEGIEË

Krisisintervensie; Verwante mediese dienste; Verwysings; Opleiding van
 nie-professionele werkers - diensfooi

SANCA**Bellville (021) 945 4080****Paarl (021) 872 5050****Maandag - Vrydag: 8:00 - 4:00**

TOEGANG Geen verwysing benodig
 Diensfooi
 Afspraak benodig (behalwe vir krisis)
 Sattelliet kantore binne gemeenskap

FOKUSKWESSIES

Mediese verwante kwessies; Substansmisbruik; Werkskwessies;
 Bemagtiging

ONDERSTEUNINGSTRATEGIEË

Individuele en groepsterapie; Besprekingsgroepe; Opleidings
 werksinkels; Seminare; Ondersteuningsgroepe; Krisisintervensie;
 Opvoedingsgroepe; Bewusmakingsveldtogte; Opleiding van nie-
 professionele beraders binne die gemeenskap

Saporetti Foundation**Tel. (021) 883 8600****Leliestraat, Idas Vallei, Stellenbosch****Maandag - Sat: 9:00 - 5:00**

TOEGANG Geen verwysings benodig
 Diensfooi: vervoer kostes
 Afspraak benodig
 Tuisbesoeke

FOKUSKWESSIES

Voorkoming en opvoeding in voeding, dwelm en alkohol misbruik - maak
 gebruik van Holistiese benadering; Bemagtiging

ONDERSTEUNINGSTRATEGIEË

Individuele berading; Besprekingsgroepe; Ondersteuningsgroepe;
 Krisisintervensie; Verwysings; Bewusmakingsveldtogte; Gemeenskap
 dienste vir gemeenskap opreiming

PREGNANCY HELP CENTRE

Tel. (021) 797 0060 Krisislyn: **(021) 468 7275**

Medical Mews 101, Churchstraat 46, Wynberg

Maandag - Donderdag: 9:00 - 4:30

Vrydag: 9:00 - 3:00

(Maak nie regtig voorsiening vir die Weskus / Wynland streek nie)

TOEGANG Geen verwysings benodig
Geen diensfooi
Geen afspraak benodig
Geen tuisbesoeke
Trein na Wynberg stasie

FOKUSKWESSIES

Krisisswangerskap; Voor- en na- aborsieberading; Seksuele misbruik / molestering; Kind- en ouerkwessies; Onderhoud; Kinderverwante Regeringstoelae- en voordele; Verwante mediese kwessies

ONDERSTEUNINGSTRATEGIEË

Individuele en groepsberading; Na-aborsie ondersteuningsgroepe; Voorgeboortelike voorbereiding; Krisisintervensie; Opleiding van nie-professionele werkers

RAPE CRISIS STELLENBOSCH

Tel. 082 860 0090

24 uur diens

TOEGANG Geen verwysings benodig
Geen diensfooi
Geen afspraak benodig
Tuisbesoeke

FOKUSKWESSIES

Fisiese- en seksuele misbruik / molestering

ONDERSTEUNINGSTRATEGIEË

Krisisintervensie; Verwante mediese dienste; Verwysings; Opleiding van nie-professionele werkers - diensfooi

SANCA

Bellville (021) 945 4080

Paarl (021) 872 6060

Maandag - Vrydag: 8:00 - 4:00

TOEGANG Geen verwysing benodig
Diensfooi
Afspraak benodig (behalwe vir krisis)
Sattelliet kantore binne gemeenskap

FOKUSKWESSIES

Mediese verwante kwessies; Substansmisbruik; Werkskwessies; Bemagtiging

ONDERSTEUNINGSTRATEGIEË

Individuele en groepsterapie; Besprekingsgroepe; Opleidings werkwinkels; Seminare; Ondersteuningsgroepe; Krisisintervensie; Opvoedingsgroepe; Bewusmakingsveldtogte; Opleiding van nie-profesionele beraders binne die gemeenskap

Saporetta Foundation

Tel. (021) 883 8600

Leliestraat, Idas Vallei, Stellenbosch

Maandag - Sat: 9:00 - 5:00

TOEGANG Geen verwysings benodig
Diensfooi: vervoer kostes
Afspraak benodig
Tuisbesoeke

FOKUSKWESSIES

Voorkoming en opvoeding in voeding, dwelm en alkohol misbruik - maak gebruik van Holistiese benadering; Bemagtiging

ONDERSTEUNINGSTRATEGIEË

Individuele berading; Besprekingsgroepe; Ondersteuningsgroepe; Krisisintervensie; Verwysings; Bewusmakingsveldtogte; Gemeenskap dienste vir gemeenskap opreiming

STELLEMPLOY

Tel. (021) 886 6993

Ou Loekhoff Skool, Banhoekweg, Stellenbosch

Maandag - Donderdag: 8:00 - 4:00

Vrydag: 8:00 - 1:00

TOEGANG Geen verwysings benodig
Diensfooi - R5
Verkies 'n afspraak
Geen tuisbesoeke

FOKUSKWESSIONES

Werkswessies; Vaardighede; Evaluasie; Professionele- en
persoonlikeopleiding van nie-professionele werkers; In diens Plasing

ONDERSTEUNINGSTRATEGIEË

Verwysings

TEIKENGROEP

Persone wat werk soek

SURPLUS PEOPLE PROJECT

Tel. (021) 448 5605

Collingwoodweg 45, Observatory

Maandag - Vrydag: 9:00 - 5:00

TOEGANG Geen verwysings benodig
Geen diensfooi
Afspraak benodig

FOKUSKWESSIONES

Vroue se grondregte; Behuising; Regeringstoelae en voordele;
Bemagtiging

ONDERSTEUNINGSTRATEGIEË

Besprekingsgroepe; Werkswinkels; Regshulp; Bewusmakingsveldtogte

TRAUMA CENTRE FOR SURVIVORS OF VIOLENCE AND TORTURE

Tel. (021) 465 7373

Chapelstraat 126, Woodstock

Maandag - Vrydag: 8:30 - 4:30

Ontlonting - na ure

Antwoord apparaat vir na ure

TOEGANG Geen verwysings benodig
Diensfooi alleenlik vir persone met mediese fondse /
wat kan bekostig om te betaal
Afspraak benodig
Tuisbesoeke aangebied in sekere omstandighede

FOKUSKWESSIONES

Post Traumatiese Stress Versteuring as gevolg van geweld (nie huislike
geweld of mishandelende verhoudings)

ONDERSTEUNINGSTRATEGIEË

Individuele terapie; Groepsterapie; Werkswinkels;
Ondersteuningsgroepe; Krisisintervensie; Verwysings; Opleiding van nie-
professionele werkers

TURNING POINT

Tel. (021) 638 1155 Krisislyn: (021) 23 3333 X 2705

Bellmoerrylaan 2, Penlyn Estate, Kaapstad

Maandag - Vrydag: 8:30 - 4:00

TOEGANG Geen verwysings benodig
Geen diensfooi
Afspraak benodig
Tuisbesoeke

FOKUSKWESSIONES

Krisisswangerskap; Seksuele misbruik / molesting; Kind- en
ouerkwessies; Na-aborsie depressie; Huweliksprobleme; Bemagtiging

ONDERSTEUNINGSTRATEGIEË

Individuele terapie; Groepsterapie; Besprekingsgroepe; Werkswinkels;
Seminare; Krisisintervensie; Verwysings; Bewusmakingsveldtogte;
Opleiding van nie-professionele werkers

VROU IN NOOD

Tel. (021) 425 2096

Somersetstraat 37A, Groenpunt

Maandag - Vrydag: 9:00 - 5:00

TOEGANG Geen verwysings benodig
Geen diensfooi
Verkies afspraak
Geen tuisbesoeke

FOKUSKWESSIONS

Bemagtiging en opleiding van nie-professionele werkers, hawelose vroue
en hul kinders, in die SBD distrik

ONDERSTEUNINGSTRATEGIEË

Regeringstoelae en voordele; Behuising; Besprekingsgroepe;
Werkswinkels; Verwysings; Opleiding van nie-professionele werkers

WOMEN ON FARMS PROJECT

Tel. (021) 887 2960 / 1 / 2

Hertweg 37, Stellenbosch

Maandag - Vrydag: 9:00 - 5:00

TOEGANG Geen verwysings benodig
Geen diensfooi
Afspraak benodig
Tuisbesoeke
Werk in gemeenskappe

FOKUSKWESSIONS

Ontwikkeling van kapasiteit / vermoë; Regskweptions; Bemagtiging;
Fisiese mishandeling; Werkskweptions; Geletterdheid; Kinder onderhoud

ONDERSTEUNINGSTRATEGIEË

Besprekingsgroepe; Werkswinkels; Seminare; Opleiding van nie-
professionele werkers

TEIKENGROEP

Bolandse vroueplaaswerkers

WOMEN OUTREACH

Tel. (021) 883 8600 / (021) 889 6999 / 082 859 4761

Stellenbosch Hydro, Dennesig, Paarl

Maandag - Vrydag: 8:00 - 5:00

TOEGANG Geen verwysings benodig
Diensfooi
Afspraak benodig
Tuisbesoeke

FOKUSKWESSIONS

Bemagtiging; Tuisbestuurvaardighede; Lewensvaardighede;
Besigheidsvaardighede; Gesinsbeplanning

ONDERSTEUNINGSTRATEGIEË

Besprekingsgroepe; Opvoedkundigegroepe; Tien week opleidingskursus

OUER-KIND KWESSIES

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OUER-KIND KWESSIES

ACVV

Franschhoek	(021) 876 2670
Malmesbury	(022) 482 2245
Moorreesburg	(022) 433 1109
Paarl	(021) 872 2738
Piketberg	(0261) 31 525
Porterville	(022) 931 2789
Riebeeck-Kasteel	(022) 488 784
Stellenbosch	(021) 883 3015 / 887 4774
Vredenburg	(022) 713 2307
Wellington	(021) 873 2204
Maandag – Vrydag: 7:45 – 4:30	

TOEGANG Geen verwysings benodig
 Geen diensfooi
 Afspraak verkies
 Tuisbesoeke

OUER-KIND KWESSIES

FOKUSKWESSIES

Bemagtiging; Mishandeling; Kind- en ouerkwessies; Depressie; Angs;
 Substansmisbruik; Werkskwessies; Finansiële kwessies;
 Regeringstoelae en voordele; Huwelikskwessies

ONDERSTEUNINGSTRATEGIEË

Individuele en groepsterapie; Besprekingsgroepe; Werkswinkels;
 Krisisintervensie; Opleiding van nie-professionele werkers

SENTRUM VIR STUDENTE VOORLIGTING EN ONTWIKKELING

Tel. (021) 808 2903 / 4706

Victoriastraat, Stellenbosch

Maandag – Vrydag: 9:00 – 4:00

TOEGANG Studente aan die Universiteit van Stellenbosch alleenlik

FOKUSKWESSIES

Mishandeling; Eet versteurings; Kind- en ouer kwessies; Depressie;
 Angs; Substansmisbruik

ONDERSTEUNINGSTRATEGIEË

Individuele terapie; Krisisintervensie

CATHOLIC WELFARE DEVELOPMENT

Tel. (021) 931 5331

St Dominicweg, Matroosfontein

Maandag – Donderdag: 9:00 – 4:30

Vrydag: 9:00 – 3:30

TOEGANG Geen verwysings benodig
Geen diensfooi
Afspraak benodig
Tuisbesoeke

FOKUSKWESSIES

Bemagtiging; Mishandeling; Kind- en ouerkwessies; Huweliks-
kwessies; Regskwessies; Opvoeding en opleiding vir volwassenes

ONDERSTEUNINGSTRATEGIEË

Besprekingsgroepe; Ondersteuningsgroepe; Werkswinkels; Verwysings;
Bewusmakingveldtogte; Opleiding van nie-professionele werkers

CMR

Clanwilliam (027) 482 1620

Vanrhynsdorp (027) 219 1926

Vredenburg (022) 713 1668

Maandag – Vrydag: 9:00 – 4:00

TOEGANG Geen verwysings benodig
Geen diensfooi
Afspraak benodig
Tuisbesoeke

FOKUSKWESSIES

Bemagtiging; Mishandeling; Ouer- en kindkwessies;
Geestesversteurings; Substansmisbruik; Finansiële kwessies; Behuising;
Huweliks-kwessies

ONDERSTEUNINGSTRATEGIEË

Individuele en groepsterapie; Besprekingsgroepe;
Ondersteuningsgroepe; Krisisintervensie; Verwysings;
Bewusmakingveldtogte; Opleiding van nie-professionele werkers

DEPARTEMENT VAN GESONDHEID

Sien Bylae A

Maandag - Vrydag: 7:30 – 4:00

TOEGANG Verwysings benodig
Geen diensfooi
Afspraak benodig
Tuisbesoeke
Werk in gemeenskap

FOKUSKWESSIES

Bemagtiging; Mishandeling; Kind- en ouerkwessies; Depressie; Angs;
Ernstige geestesteurings; Substansmisbruik; Psigotiese versteurings;
Regeringstoelae en voordele; Primêre gesondheidsorg - mediese
kwessies

ONDERSTEUNINGSTRATEGIEË

Groepsterapie; Besprekingsgroepe; Werkswinkels; Ondersteunings-
groepe; Krisisintervensie; Verwysings; Psigo-opleidingsgroepe;
Bewusmakingsveldtogte; Opleiding van nie-professionele werkers

FAMSA

Tel. (021) 692 2063

Voortrekkerweg 77, Goodwood

Maandag - Vrydag: 9:00 – laaste patiënt

TOEGANG Geen verwysings benodig
Diensfooi - gyskaal
Afspraak benodig

FOKUSKWESSIES

Enige verhoudingskwessies; Huweliksprobleme; Kind- en ouerkwessies;
Bemagtiging; Mishandeling; Depressie; Angs

ONDERSTEUNINGSTRATEGIEË

Individuele terapie; Groepsterapie; Besprekingsgroepe; Werkswinkels;
Ondersteuningsgroepe; Verwysings; Opvoedingsgroepe;
Bewusmakingsveldtogte; Opleiding van nie-professionele werkers

HEALTH PROMOTION RESOURCE CENTRE

Tel. (021) 799 4224

Maynard Gebou, 4de vloer, Maynardweg, Wynberg

Maandag – Vrydag: 7:30 – 4:00

TOEGANG Geen verwysings benodig
Geen diensfooi
Geen afspraak benodig

FOKUSKWESSIES

Bemagtiging; Mishandeling; Eetversteurings; Kind- en ouerkwessies;
Depressie; Angs; Substansmisbruik; Mediese kwessies

ONDERSTEUNINGSTRATEGIEË

Hulpbronsentrum

KINDER-EN GESINSORGVERENIGING

Lambertsbaai (027) 432 2639

Paarl (021) 862 6182

Stellenbosch (021) 887 2816

Maandag - Vrydag: 8:00 - 4:00

TOEGANG Geen verwysing benodig
Geen diensfooi
Afspraak benodig
Tuisbesoeke
Werk in gemeenskap

FOKUSKWESSIES

Kind- en ouerkwessies; Bemagtiging; Mishandeling

ONDERSTEUNINGSTRATEGIEË

Individuele en groepsterapie; Besprekingsgroepe; Werkswinkels;
Ondersteuningsgroepe; Krisisintervensie; Verwysings;
Bewusmakingsveldtogte; Opleiding van nie-professionele werkers

KINDERMOLESTERING

Suid Afrikaanse Polisie Dienste

24 Uur diens

TOEGANG Geen verwysings benodig
Geen diensfooi
Geen afspraak benodig

FOKUSKWESSIES

Mishandeling; Kind- en ouerkwessies; Substansmisbruik; Regskwessies;
Werkskwessies; Huweliksprobleme

ONDERSTEUNINGSTRATEGIEË

Individuele terapie; Groepsterapie; Besprekingsgroepe; Werkswinkels;
Seminare; Ondersteuningsgroepe; Krisisintervensie; Verwysings;
Bewusmakingsveldtogte; Opleiding van nie-professionele werkers

MAGDALENA HUIS

Tel. (021) 948 3637

Salisburystraat 68, Boston, Bellville

Maandag - Vrydag: 9:00 - 5:00

TOEGANG Verwysings benodig
R400 per maand
Geen afspraak benodig

FOKUSKWESSIES

Krisisswangerskap; Skuiling; Depressie; Angs; Mediese kwessies; Kind-
en ouerkwessies

ONDERSTEUNINGSTRATEGIEË

Individuele terapie; Groepsterapie; Ondersteuningstrategieë; Mediese
advies; Regsadvies

MOSAIC

Tel. (021) 434 7596 / (021) 864 1596

Worcesterweg 1A, Seepunt / Mbekweni (Paarl)

Maandag – Vrydag: 9:30 – 5:30

TOEGANG Geen verwysings benodig
Geen diensfooi
Afspraak benodig
Geen tuisbesoeke
Werk in gemeenskap

FOKUSKWESSIES

Mishandeling; Bemagtiging; Geweld; Gemoedsversteurings;
Psigotiesesteurings

ONDERSTEUNINGSTRATEGIEË

Individuele en groepsterapie; Besprekingsgroepe; Werkswinkels;
Ondersteuningsgroepe; Krisisintervensie; Regsbystand; Verwysings;
Opleiding van nie-professionele werkers

**PLANNED PARENTHOOD ASSOCIATION OF
SOUTH AFRICA**

Tel. (021) 448 7312

Ansonst 12, Observatory

Maandag – Donderdag: 8:00 – 4:30

Vrydag: 8:00 – 4:00

TOEGANG Geen verwysings benodig
Diensfooi -afhangend van diens
Afspraak benodig
Tuisbesoeke

FOKUSKWESSIES

Fisiese mishandeling; Reproductiewe gesondheid; Kind- en
ouerkwessies; HIV AIDS/VIGS opleiding en voorkoming; Bemagtiging

ONDERSTEUNINGSTRATEGIEË

Werkswinkels; Mediese dienste; Verwysings; Opleiding van beraders

THE PARENT CENTER

Tel. (021) 619 142/3 / 671 9142

Edenstraat 31, Claremont

Maandag – Vrydag: 9:00 – 4:00

TOEGANG Geen verwysings benodig

FOKUSKWESSIES

Kind- en ouerkwessies; Bemagtiging

ONDERSTEUNINGSTRATEGIEË

Individuele terapie; Werkswinkels; Verwysings; Sielkundig-
opvoedkundige groepe; Opleiding van nie-professionele werkers

VROU IN NOOD

Tel. (021) 425 2095

Somersetstraat 37A, Groenpunt

Maandag - Vrydag: 9:00 - 5:00

TOEGANG Geen verwysings benodig
Geen diensfooi
Verkies afspraak
Geen tuisbesoeke

FOKUSKWESSIES

Bemagtiging en opleiding van nie-professionele werkers, hawelose vroue
en hul kinders, in die SBD distrik

ONDERSTEUNINGSTRATEGIEË

Regeringstoelae en voordele; Behuising; Besprekingsgroepe;
Werkswinkels; Verwysings; Opleiding van nie-professionele werkers

PSIGOTIESESTEURINGS

Com Care	94
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PSIGOTIESESTEURINGS

COM CARE

Tel. (021) 448 0760/1
Valkenburg, Observatory
Oggende alleenlik

TOEGANG Verwysing van dokter benodig
 Aansoekvorm
 R990 per maand
 Afspraak benodig

FOKUSKWESSIES

Ernstige Gemoedsversteurings; Behuising

ONDERSTEUNINGSTRATEGIEË

Behuising; Verleen hulp met die opstel van ondersteunings groepe;
 Krisisintervensie - intern; Beperkte berading

DEPARTEMENT VAN GESONDHEID

Sien Bylae A
Maandag - Vrydag: 7:30 – 4:00

TOEGANG Verwysings benodig
 Geen diensfooi
 Afspraak benodig
 Tuisbesoeke
 Werk in gemeenskap

FOKUSKWESSIES

Bemagtiging; Mishandeling; Kind- en ouerkwessies; Depressie;
 Angs; Ernstige geestesteurings; Substansmisbruik; Psigotiese
 versteurings; Regeringstoelae en voordele; Primêre gesondheidsorg -
 mediese kwessies

ONDERSTEUNINGSTRATEGIEË

Groepsterapie; Besprekingsgroepe; Werkswinkels;
 Ondersteuningsgroepe; Krisisintervensie; Verwysings; Psigo-
 opleidingsgroepe; Bewusmakingsveldtogte; Opleiding van nie-
 professionele werkers

HEALTH PROMOTION RESOURCE CENTRE

Tel. (021) 799 4224
Maynard Gebou, 4de vloer, Maynardweg, Wynberg
Maandag – Vrydag: 7:30 – 4:00

TOEGANG Geen verwysings benodig
 Geen diensfooi
 Geen afspraak benodig

FOKUSKWESSIES

Bemagtiging; Mishandeling; Eetversteurings; Kind- en ouerkwessies;
 Depressie; Angs; Substansmisbruik; Mediese kwessies

ONDERSTEUNINGSTRATEGIEË

Hulpbronsentrum

PSIGOTIESESTEURINGS

MOSAIC

Mbekweni (Paarl) (021) 864 1596

Seepunt (021) 434 7596

Maandag – Vrydag: 9:30 – 5:30

TOEGANG Geen verwysings benodig
Geen diensfooi
Afspraak benodig
Geen tuisbesoeke
Werk in gemeenskap

FOKUSKWESSIES

Mishandeling; Bemagtiging; Geweld; Gemoedsversteurings;
Psigotiese steurings

ONDERSTEUNINGSTRATEGIEË

Individuele en groepsterapie; Besprekingsgroepe; Werkswinkels;
Ondersteuningsgroepe; Krisisintervensie; Regsbystand; Verwysings;
Opleiding van nie-professionele werkers

REGSKWESSIES

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Lawyers for Human Rights	103
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SWEAT (Sex Worker Education and Advocacy Taskforce)	106
Women on Farms Project	107

ACVV

Franschhoek (021) 876 2670
Malmesbury (022) 482 2246
Moorreesburg (022) 433 1109
Paarl (021) 872 2738
Piketberg (0261) 31 525
Porterville (022) 931 2789
Riebeeck-Kasteel (022) 488 784
Stellenbosch (021) 883 3015 / 887 4774
Vredenburg (022) 713 2307
Wellington (021) 873 2204
Maandag – Vrydag: 7:45 – 4:30

TOEGANG Geen verwysings benodig
 Geen diensfooi
 Afspraak verkies
 Tuisbesoeke

FOKUSKWESSIES

Bemagtiging; Mishandeling; Kind- en ouerkwessies; Depressie; Angs;
 Substansmisbruik; Werkswinkels; Finansiële kwessies;
 Regeringstoelae en voordele; Huwelikskwessies

ONDERSTEUNINGSTRATEGIEË

Individuele en groepsterapie; Besprekingsgroepe; Werkswinkels;
 Krisisintervensie; Opleiding van nie-professionele werkers

CATHOLIC WELFARE DEVELOPMENT

Tel. (021) 931 5331
St Dominicweg, Matroosfontein
Maandag – Donderdag: 9:00 – 4:30
Vrydag: 9:00 – 3:30

TOEGANG Geen verwysings benodig
 Geen diensfooi
 Afspraak benodig
 Tuisbesoeke

FOKUSKWESSIES

Bemagtiging; Mishandeling; Kind- en ouerkwessies; Huwelikskwessies;
 Regskwessies; Opvoeding en opleiding vir volwassenes

ONDERSTEUNINGSTRATEGIEË

Besprekingsgroepe; Ondersteuningsgroepe; Werkswinkels; Verwysings;
 Bewusmakingveldtogte; Opleiding van nie-professionele werkers

CMR

Clanwilliam (027) 482 1620
Vanrhynsdorp (027) 219 1926
Vredenburg (022) 713 1668
Maandag – Vrydag: 9:00 – 4:00

TOEGANG Geen verwysings benodig
 Geen diensfooi
 Afspraak benodig
 Tuisbesoeke

FOKUSKWESSIES

Bemagtiging; Mishandeling; Kind- en ouerkwessies;
 Geestesversteurings; Substansmisbruik; Finansiële kwessies; Behuising;
 Huwelikskwessies

ONDERSTEUNINGSTRATEGIEË

Individuele en groepsterapie; Besprekingsgroepe; Ondersteunings
 groepe; Krisisintervensie; Verwysings; Bewusmakingveldtogte;
 Opleiding van nie-professionele werkers

DE NOVO**Tel. (021) 988 1138****Ou Paarlpad, Kraaifontein****Maandag - Vrydag: 7:45 - 4:00**

TOEGANG Verwysings benodig via maatskaplike werker
 Diensfooi: R1 per dag indien moontlik
 Afspraak benodig
 Tuisbesoeke

FOKUSKWESSIES

Bemagtiging; Kind- en ouerkwessies; Alle Substansmisbruik; Regs
 interdikte; Regeringstoelae en voordele; Mediese kwessies;
 Huweliksprobleme

ONDERSTEUNINGSTRATEGIEË

Individuele terapie; Groepsterapie; Besprekingsgroepe;
 Werkswinkels; Seminare; Ondersteuningsgroepe; Mediese dienste;
 Krisisintervensie; Regshulp; Verwysings; Opvoedingsgroepe;
 Bewusmakingsveldtogte; Binne-pasient dienste

DELTA OPLEIDING PROGRAM**Tel. (021) 448 8411****Scotweg 1, Observatory****Maandag - Vrydag: 8:30 - 4:30**

TOEGANG Geen verwysings benodig
 Diensfooi
 Afspraak benodig
 Geen tuisbesoeke
 Werk in gemeenskappe

FOKUSKWESSIES

Substansmisbruik; Bemagtiging; Mishandeling; Regskwessies;
 Werkswinkels; Behuising

ONDERSTEUNINGSTRATEGIEË

Besprekingsgroepe; Werkswinkels; Opleiding van nie-professionele
 werkers

**INTERNATIONAL LABOUR RESEARCH AND
 INFORMATION GROUP**
Tel. (021) 447 6375**Salt Riverweg 41, Woodstock****9:00 – 5:00**

TOEGANG Geen verwysing benodig
 Geen diensfooi
 Geen afspraak benodig

FOKUSKWESSIES

Arbeidswetgewing; Internasionale ekonomiese kwessies

ONDERSTEUNINGSTRATEGIEË

Werkswinkels

KINDER-EN GESINSORGVERENIGING**Lambertsbaai** (027) 432 2639**Paarl** (021) 862 6182**Stellenbosch** (021) 887 2816**Maandag - Vrydag: 8:00 - 4:00**

TOEGANG Geen verwysing benodig
 Geen diensfooi
 Afspraak benodig
 Tuisbesoeke
 Werk in gemeenskap

FOKUSKWESSIES

Kind- en ouerkwessies; Bemagtiging; Mishandeling

ONDERSTEUNINGSTRATEGIEË

Individuele en groepsterapie; Besprekingsgroepe; Werkswinkels; Ondersteuningsgroepe; Krisisintervensie; Verwysings; Bewusmakingsveldtogte; Opleiding van nie-professionele werkers

KINDERMOLESTERING**Suid Afrikaanse Polisie Dienste****24 Uur diens**

TOEGANG Geen verwysings benodig
 Geen diensfooi
 Geen afspraak benodig

FOKUSKWESSIES

Mishandeling; Kind- en ouerkwessies; Substansmisbruik; Regskwessies; Werkskwessies; Huweliksprobleme

ONDERSTEUNINGSTRATEGIEË

Individuele terapie; Groepsterapie; Besprekingsgroepe; Werkswinkels; Seminare; Ondersteuningsgroepe; Krisisintervensie; Verwysings; Bewusmakingsveldtogte; Opleiding van nie-professionele werkers

LAWYERS FOR HUMAN RIGHTS**Tel. (021) 887 1003****Hoek van Molteno- en Birdstraat, Stellenbosch****Maandag – Donderdag: 8:30 – 5:00****Vrydag: 8:30 – 4:30**

TOEGANG Geen verwysings benodig
 Diensfooi
 Afspraak benodig

FOKUSKWESSIES

Regskwessies; Bemagtiging; Fisiese mishandeling; Seksuele misbruik; Werkskwessies; Regeringstoelae en voordele; Behuising

ONDERSTEUNINGSTRATEGIEË

Telefoniese advies; Werkswinkels; Seminare; Regsadvies; Verwysings; Ongekwalfiseerde regsopvoeding

LEGAL EDUCATION ACTION PROJECT**Tel. (021) 448 5648****Maandag - Vrydag: 9:00 - 5:00**

TOEGANG Geen verwysings benodig
 Diensfooi
 Afspraak benodig
 Tuisbesoeke

FOKUSKWESSIES

Sosio-ekonomiese regskwessies

ONDERSTEUNINGSTRATEGIEË

Telefoniese dienste; Veldwerkers; Werkswinkels; Ondersteuningsgroepe; Advies; Opvoedingsgroepe; Opleiding van nie-professionele werkers

LEGAL RESOURCES CENTRE

Tel. (021) 423 8285

Greenmarket Place, Shortmarketstraat 53, Kaapstad

Maandag - Vrydag: 8:30 - 4:45

TOEGANG Geen verwysings benodig
 Diensfooi
 Geen afspraak benodig

FOKUSKWESSIES

Regskwessies; Bemagtiging

ONDERSTEUNINGSTRATEGIEË

Werkswinkels; Regsadvies; Verwysings; Opleiding van werkers in gemeenskaps organisasies

MATIE GEMEENSKAPSDIENS

Tel. (021) 808 3638

Ou Loekhoff Skool, Banhoekweg, Stellenbosch

Maandag - Vrydag: 8:00 - 5:00

TOEGANG Geen verwysings benodig
 Diensfooi slegs van toepassing by mediese klinieke
 Geen afspraak benodig
 Geen tuisbesoeke
 Werk in gemeenskap

FOKUSKWESSIES

Bemagtiging; Ernstige geestesversteurings, Regshulpkliniek, Werkswinkels; Mediese kwessies; Behuising, Opleiding van nie-professionele werkers

NATIONAL ASSOCIATION OF PEOPLE LIVING WITH AIDS

Tel. (021) 637 2190

NY 108 – Uluntu Centre, Gugulethu

Maandag - Vrydag: 8:30 - 4:30

TOEGANG Geen verwysings benodig
 Geen diensfooi
 Verkies afspraak
 Tuisbesoeke by geleentheid
 Bied nie oor die algemeen dienste in die Weskus / Wynland streek aan nie

FOKUSKWESSIES

HIV AIDS / VIGS

ONDERSTEUNINGSTRATEGIEË

Individuele terapie; Werkswinkels; Verwysings; Bemagtiging; Regskwessies verwant aan HIV AIDS / VIGS; Werkswinkels verwant aan HIV AIDS / VIGS; Regeringstoelae en voordele

NICRO - STELLENBOSCH

Geen Telefoon

NG Kerk Cloeteville, Stellenbosch

Woensdae: 10:30 - 3:00

TOEGANG Geen verwysings benodig
 Geen diensfooi
 Geen afspraak benodig
 Geen tuisbesoeke

FOKUSKWESSIES

Mishandeling; Regskwessies; Verwysings vir Regeringstoelae en voordele; Huweliksprobleme

ONDERSTEUNINGSTRATEGIEË

Individuele en groepsberading; Besprekingsgroepe; Verwysings; Opleiding van nie-professionele werkers

PREGNANCY HELP CENTRE

Tel. (021) 797 0050 Krisislyn: (021) 468 7275

Medical Mews 101, Churchstraat 46, Wynberg

Maandag - Donderdag: 9:00 - 4:30

Vrydag: 9:00 - 3:00

(Maak nie regtig voorsiening vir die Weskus / Wynland streek nie)

TOEGANG Geen verwysings nodig
Geen diensfooi
Geen afspraak nodig
Geen tuisbesoeke
Trein na Wynberg stasie

FOKUSKWESSIES

Krisisswangerskap; Voor- en na- aborsieberading; Seksuele misbruik / molestering; Kind- en ouerkwessies; Onderhoud; Kinderverwante Regeringstoelae- en voordele; Verwante mediese kwessies

ONDERSTEUNINGSTRATEGIEË

Individuele en groepsberading; Na-aborsie ondersteuningsgroepe; Voorgeboorte voorbereiding; Krisisintervensie; Opleiding van nie-professionele werkers

SWEAT (Sex Worker Education and Advocacy Taskforce)

Tel. (021) 448 7875

Community House, Salt Riverweg 41, Salt River

Maandag – Vrydag: 9:00 – 4:30

TOEGANG Geen verwysings nodig
Geen diensfooi
Afspraak nodig

FOKUSKWESSIES

Mishandeling; Substansmisbruik; Regskwessies; Mediese kwessies; Bemagtiging

ONDERSTEUNINGSTRATEGIEË

Individuele terapie; Besprekingsgroepe; Werkswinkels; Regshulp; Verwysings; Opleiding van nie-professionele werkers

WOMEN ON FARMS PROJECT

Tel. (021) 887 2960 / 1 / 2

Herteweg 37, Stellenbosch

Maandag - Vrydag: 9:00 - 5:00

TOEGANG Geen verwysings nodig
Geen diensfooi
Afspraak nodig
Tuisbesoeke
Werk in gemeenskape

FOKUSKWESSIES

Ontwikkeling van kapasiteit / vermoë; Regskwessies; Bemagtiging; Fisiese mishandeling; Werkswkessies; Geletterdheid; Kinderonderhoud

ONDERSTEUNINGSTRATEGIEË

Besprekingsgroepe; Werkswinkels; Seminare; Opleiding van nie-professionele werkers

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SEKSUELE KWESSIES

SENTRUM VIR STUDENTE VOORLIGTING EN ONTWIKKELING

Tel. (021) 808 2903 / 4706

Victoriastraat, Stellenbosch

Maandag – Vrydag: 9:00 – 4:00

TOEGANG Studente aan die Universiteit van Stellenbosch alleenlik

FOKUSKWESSIES

Mishandeling; Eet versteurings; Kind- en ouerkwessies; Depressie; Angs; Substansmisbruik

ONDERSTEUNINGSTRATEGIEË

Individuele terapie; Krisisintervensie

OPTIONS

Tel. (021) 592 2183 Krisislyn: (021) 418 4616 / 082 435 5632

Bravington Villa, Wienerstraat 7, Goodwood

24 uur diens

Maandag – Vrydag: 8:30 – 4:30

TOEGANG Geen verwysings nodig
Geen diensfooi
Verkies afspraak

FOKUSKWESSIES

Krisiswangerskap; Aanneming; Pleegsorg; Na aborsiesorg; Probleme met seksualiteit

ONDERSTEUNINGSTRATEGIEË

Individuele terapie; Groepsterapie; Krisisintervensie; Verwysings; Opvoedingsgroepe; Bewusmakingsveldtogte; Opleiding van nie-professionele werkers

TRIANGLE PROJECT

Tel. (021) 448 3821 Krisislyn: (021) 422 2500

Salt Riverweg 41, Salt River

Maandag - Vrydag: 1:00 - 5:00

Saterdag / Sondag: 1:00 - 9:00

TOEGANG Geen verwysings benodig
Diensfooi - glyskaal
Afspraak benodig

FOKUSKWESSIES

Homoseksuele en biseksuele bemagtiging; Depressie; Angs; Mediese kwessies

ONDERSTEUNINGSTRATEGIEË

Individuele terapie; Groepsterapie; Ondersteuningstrategieë; Mediese dienste; Krisisintervensie; Verwysings; Opleiding van nie-professionele werkers

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SKUILING

MAGDALENA HUIS

Tel. (021) 948 3637

Salisbury 68, Boston, Bellville

Maandag - Vrydag: 9:00 - 5:00

TOEGANG Verwysings nodig
R400 per maand
Geen afspraak nodig

FOKUSKWESSIES

Krisisswangerskap; Skuiling; Depressie; Angs; Mediese kwessies; Kind- en ouerkwessies

ONDERSTEUNINGSTRATEGIEË

Individuele terapie; Groepsterapie; Ondersteuningstrategieë; Mediese advies; Regsadvies

SISTERS INCORPORATED

Tel. (021) 797 4190

Ascotweg 32, Kenilworth

Maandag - Vrydag: 8:00 - 5:00

Maatskaplike Werker: 8:30 - 1:00

TOEGANG Geen verwysings nodig
R400 per maand indien moontlik
Afspraak nodig

FOKUSKWESSIES

Krisisswangerskap; Skuiling; Bemagtiging; Mishandeling;
Eetsteurings; Depressie; Angs; Substansmisbruik; Regskwessies;
Finansiële probleme; Regeringstoelae en voordele

ONDERSTEUNINGSTRATEGIEË

Individuele terapie; Groepsterapie; Besprekingsgroepe;
Ondersteuningsgroepe; Krisisintervensie; Regsbystand;
Opvoedingsgroepe; Bewusmakingsveldtogte

THE HAVEN

Tel. (021) 889 5031

Klapmutsweg 402, Stellenbosch

Maandag - Vrydag: 9:00 - 4:00

TOEGANG Geen verwysings nodig
Diensfooi: 2/3 van inkomste
Moontlike wagtydperk

FOKUSKWESSIES

Mishandeling; Kind- en ouerwessies; Substansmisbruik; Behuising;
Permanente losies; Sekere mediese kwessies

ONDERSTEUNINGSTRATEGIEË

Permanente losies; Verwysings; Regs en mediese advies; Opleiding van lewensvaardighede en handwerk

SKUILING

Stellenbosch University <http://scholar.sun.ac.za>

VROUE IN NOOD

Tel. (021) 425 2095

Somersstraat 37A, Groenpunt

Maandag - Vrydag: 9:00 - 5:00

TOEGANG Geen verwysings benodig
Geen diensfooi
Verkies afspraak
Geen tuisbesoeke

FOKUSKWESSIES

Bemagtiging en opleiding van nie-professionele werkers / hawelose vroue en hul kinders, in die SBD distrik

ONDERSTEUNINGSTRATEGIEË

Regeringstoelae en voordele; Behuising; Besprekingsgroepe;
Werkswinkels; Verwysings; Opleiding van nie-professionele werkers

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SUBSTANSMISBRUIK

AA

Tel. (021) 418 0020 (Kaapstad sentrale kantoor)

Maandag - Vrydag: 9:00 - 5:00 (groep vergaderings na ure)

TOEGANG Geen verwysings benodig
Geen diensfooi
Geen afspraak benodig
Werk in gemeenskap

FOKUSKWESSIES

Alkohol en dwelm misbruik; Bemagtiging

ONDERSTEUNINGSTRATEGIEË

Ondersteuningsgroepe; Opleiding van nie-professionele werkers

ABBA

Tel. (021) 883 8030

Stellenbosch

Maandag - Vrydag: 9:00 - 5:00

TOEGANG Geen verwysings benodig
Geen diensfooi
Geen afspraak benodig

FOKUSKWESSIES

Tiener dwelm en alkohol misbruik

ONDERSTEUNINGSTRATEGIEË

Groepsterapie; Besprekingsgroepe; Ondersteuningsgroepe;
Opvoedingsgroepe; Opleiding van nie-professionele werkers

SENTRUM VIR STUDENTE VOORLICHTING EN ONTWIKKELING

Tel. (021) 808 2903 / 4706

Victoriastraat, Stellenbosch

Maandag – Vrydag: 9:00 – 4:00

TOEGANG Studente aan die Universiteit van Stellenbosch alleenlik

FOKUSKWESSIES

Mishandeling; Eetversteurings; Kind- en ouerkwessies; Depressie;
Angs; Substansmisbruik

ONDERSTEUNINGSTRATEGIEË

Individuele terapie; Krisisintervensie

AL ANON / AL ATEEN

Tel. (021) 418 0021 (Kaapstad kantoor: 24 uur)

Maandag - Vrydag: 9:00 - 1:00nm (groep vergaderings na ure)

TOEGANG Geen verwysing nodig
Geen diensfooi
Geen afspraak nodig
Werk in gemeenskape

FOKUSKWESSIES

Bemagtiging van families waarvan 'n lid 'n dwelm en alkohol misbruiker is

ONDERSTEUNINGSTRATEGIEË

Selfhulp groepe; Opleiding van nie-professionele werkers

SANCA

Tel. (021) 945 4080

Bellville

Maandag - Vrydag: 8:00 - 4:00

TOEGANG Geen verwysing nodig
Geen diensfooi
Afspraak nodig (tensy krisis)
Satteliet kantore binne gemeenskap

FOKUSKWESSIES

Mediese verwante kwessies; Substansmisbruik; Werkskwessies;
Bemagtiging

ONDERSTEUNINGSTRATEGIEË

Individuele en groepsterapie; Besprekingsgroepe; Opleidings
werkswinkels; Seminare; Ondersteuningsgroepe; Krisisintervensie;
Opvoedingsgroepe; Bewusmakings veldtogte; Opleiding van nie-
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BERCHZICHT OPLEIDING SENTRUM

Tel. (021) 883 3525

Hoek van Birdweg en Merriman, Stellenbosch

Maandag - Vrydag: 8:00 - 5:00

TOEGANG Keuringsproses
Diensfooi
Wagtydperk van drie maande
Geen tuisbesoeke

FOKUSKWESSIES

Werkswessies; Opleiding; Bemagtiging

ONDERSTEUNINGSTRATEGIEË

Skakeling oor werksverwantekwessies; Werksopleiding in tuisbestuur;
Educare; Sorg vir bejaardes; Geletterdheid

KOINONIA

Tel. (021) 862 3705 / (021) 862 7317

Klein Drakenstein, Paarl

Maandag - Vrydag: 9:00 - 5:00

TOEGANG Geen verwysings benodig
Diensfooi vir rekenaarkursus
Geen diensfooi vir lewensvaardighedekursus
Afspraak benodig

FOKUSKWESSIES

Werkswessies; Opleiding; Lewensvaardighede; Bemagtiging

ONDERSTEUNINGSTRATEGIEË

Besprekingsgroepe; Werkswinkels; Verwysings

LANOK

Tel. (021) 863 2935

Suider-Paarl

Maandag - Vrydag: 8:00 - 4:30

TOEGANG Geen verwysing benodig
Geen diensfooi
Afspraak benodig
Tuisbesoeke

FOKUSKWESSIES

Werkswessies; Finansiële kwessies; Bemagtiging

ONDERSTEUNINGSTRATEGIEË

Werkswinkels; Seminare; Opvoedingsgroepe; Opleiding van nie-professionele werkers – geletterdheid / lewensvaardighede / tegniese- en vakopleiding

TEIKENGROEP

Behoeftige gemeenskappe en individue in plattelandse- en stedelike randgebiede

MATIE GEMEENSAPSDIENS

Tel. (021) 808 3638

Ou Loekhoff Skool, Banhoekweg, Stellenbosch

Maandag - Vrydag: 8:00 - 5:00

TOEGANG Geen verwysings benodig
 Diensfooi slegs van toepassing op mediese klinieke
 Geen afspraak benodig
 Geen tuisbesoeke
 Werk in gemeenskap

FOKUSKWESSIES

Bemagtiging; Ernstige geestesversteurings; Regshulpkliniek;
 Werkskwessies; Mediese kwessies; , Behuising; Opleiding van
 nie-professionele werkers

STELLEMPLOY

Tel. (021) 886 6993

Ou Loekhoff Skool, Banhoekweg, Stellenbosch

Maandag - Donderdag: 8:00 - 4:00

Vrydag: 8:00 - 1:00

TOEGANG Geen verwysings benodig
 Diensfooi - R5
 Verkies 'n afspraak
 Geen tuisbesoeke

FOKUSKWESSIES

Werkskwessies - vaardighede evaluasie
 - professionele-en persoonlikeopleiding van nie-
 professionele werkers
 - plasing

ONDERSTEUNINGSTRATEGIEË

Verwysings

TEIKENGROEP

Persone wat werk soek

SURPLUS PEOPLE PROJECT

Tel. (021) 448 5605

Collingwoodweg 45, Observatory

Maandag - Vrydag: 9:00 - 5:00

TOEGANG Geen verwysings benodig nie
 Geen diensfooi
 Afspraak benodig

FOKUSKWESSIES

Vroue se grond regte; Behuising; Regeringstoelae en voordele;
 Bemagtiging

ONDERSTEUNINGSTRATEGIEË

Besprekingsgroepe; Werkswinkels; Regshulp; Bewusmakingsveldtogte

VROUE IN NOOD

Tel. (021) 425 2095

Somersetstraat 37A, Groenpunt

Maandag - Vrydag: 9:00 - 5:00

TOEGANG Geen verwysings benodig
 Geen diensfooi
 Verkies afspraak
 Geen tuisbesoeke

FOKUSKWESSIES

Bemagtiging en opleiding van nie-professionele werkers / hawelose
 vroue en hul kinders, in die SBD distrik

ONDERSTEUNINGSTRATEGIEË

Regeringstoelae en voordele; Behuising; Besprekingsgroepe;
 Werkswinkels; Verwysings; Opleiding van nie-professionele werkers

BYLAE A			Saldanha	Saldanha Sandy Point	(022) 714 276
KLINIEKE			Stellenbosch	Aan-het Pad Bird Street Cloetesville Idas Valley Kayamandi Klapmuts Kylemore Victoria Street	(021) 889 6999 (021) 808 8503/4 (021) 889 6902/3 (021) 875 5575 (021) 885 2288 (021) 808 8496/7
Citrusdal	Citrusdal	(022) 921 2525			
Clanwilliam	Clanwilliam	(027) 482 1947			
Darling	Darling	(022) 492 2626			
Franschhoek	Franschhoek	(021) 876 2172			
Hopefield	Hopefield	(022) 723 0160	Velddrift	Velddrift	(022) 783 0971
Jamestown	Jamestown	(021) 880 1390	Vredenburg	Diazville Hanna Coetzee Laingville Louvville	(022) 714 1276 (022) 701 7000 (022) 701 7000 (022) 701 7000
Klawer	Klawer	(027) 216 1216/5			
Langebaan	Langebaan	(022) 722 2115	Vredendal	Doorn Baai Vredendal Noord	(027) 213 1197 (027) 213 1197
Malmesbury	Wesbank	(022) 482 2296	Wellington	Wellington	(021) 873 1121
Paarl	Dalevale Hilcrest JJ du Pre Hospital Street Klein Nederburg Mbekweni Nieuwedrift Patriot Plein Phola Park Rhodes Fruit Farm	(021) 868 1086/7 (021) 862 0106/7 (021) 862 5557/8 (021) 873 2650 (021) 872 9794 (021) 807 4872/3	SATTELIET KLINIEKE		
			Aurora	Aurora	(02625) 800
			Bitterfontein	Bitterfontein	(02764) 27212
			Citrusdal	Citrusdal	(022) 921 2525
Piketberg	Eendekuil Piketberg	(0261) 32380 (0261) 31930	Graafwater	Graafwater	(027) 422 1309
Reibeeck	Reibeeck Kasteel Reibeeck Wes	(022) 488 2996 (022) 416 6385	Hermon	Soetendal	
			Lutzville	Lutzville	(02725) 71671

Molsvlei	Molsvlei		Wuppertal	Wuppertal	(027) 482 2108
Malmesbury	Abbotsdale	(022) 482 2996	SKOOL KLINIEKE		
	Kalbasskraal	(022) 482 1187			
	Elandsbaai	(022) 482 800	Malmesbury		(022) 482 2738
	Goedverwacht	(022) 482 2380	Paarl		(021) 872 6686
	Koringberg	(022) 482 1666	Stellenbosch		(021) 887 0222
	Malmesbury	(022) 482 1187	Vredendal		(027) 213 1665
	Redelingshuys	(022) 482 2380			
	Riverlands	(022) 482 1187			
	Witterwater	(022) 482 1660	DISTRIK HOSPITAAL		
Paarl	Burger Street		Citrusdal		(022) 921 2153
	Dal Josafat	(021) 868 2660	LAPA Munnik (Porterville)		(022) 931 2140
	Hexberg		Stellenbosch		(021) 887 7913
	Hillcrest		Vredendal		(027) 213 2039 / 2037
	Klein Drakenstein	(021) 862 3600			
	Paarl Central	(021) 871 1001	STREEK HOSPITAAL		
	Pniel	(021) 871 1001	Paarl		(021) 872 1711
	Simondium	(021) 874 1437			
	Wemmershoek	(021) 876 1001	TERSIËRE HOSPITAAL		
	Windmeul	(021) 863 8836			
Porterville	Porterville		Groote Schuur (Observatory)		(021) 404 2175
Strandfontein	Doringsbaai		Lentegeur (Mitchell's Plain)		(021) 370 1111
Rietpoort	Rietpoort		Red Cross Kinder Hospitaal (Rondebosch)		(021) 658 5111
Van Rhynsdorp	Van Rhynsdorp		Stikland (Belville)		(021) 991 1110
Vredenburg	Paternoster	(022) 752 1640	Tygerberg (Parrow Valley)		
			- Kinder Sielkunde		(021) 938 4911
			- Volwasse Sielkunde		(021) 938 5120
Vredendal	Ebenhaezer	(027) 213 1671	Valkenberg (Observatory)		(021) 440 3111
	Koekenaap				
	Nuwerus				
	Stofkraal				
	Vredendal				

BYLAE B

DIAKONALE DIENSTE

Clanwilliam	(027) 482 1208 / 2330
Malmesbury	(022) 482 4460
Moorreesburg	(022) 433 1779
Paarl	(021) 862 4606
Piketberg	(0261) 32545
Porterville	(022) 931 2516
Riebeeck-wes	(022) 416 420
Saldanha	(022) 714 3554
Wellington	(021) 873 4272

NIMRO

Belville	(021) 9492110
Cloeterville	(021) 397 6060

PAWK

Atlantis	(021) 577 1084 / 3209
Paarl	(021) 871 1682 / 872 0049
Piketberg	(0261) 31 156 / 3147
Vredenburg	(022) 713 2272
Vredendal	(027) 213 2096 / 2142

VERENIGING VIR LIGGAAMLIK GESTREMDES

Kaapstad	(021) 685 4153 / 3438
Paarl	(021) 868 2770 / 2057
Vredenburg	(022) 713 2304 / 1639

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